

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000009831

1. Entity Name

GEARTOOTH INC.

**FILED**  
**Jan 18, 2000 8:00 am**  
**Secretary of State**

01-18-2000 90150 037 \*\*\*150.00

Principal Place of Business

Mailing Address

1300 N.W. 167TH ST. STE. 3  
MIAMI FL 33169

1300 N.W. 167TH ST. STE. 3  
MIAMI FL 33169-5738

00003314



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3900 NW 79 AVE  
Suite, Apt. #, etc.  
431

City & State  
MIAMI FL  
Zip  
33166  
Country  
USA

3. Mailing Address

3900 NW 79 AVE  
Suite, Apt. #, etc.  
431

City & State  
MIAMI FL  
Zip  
33166  
Country  
USA

4. FEI Number

91-1951965

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

MORGAN, CHARLES O JR.  
1300 N.W. 167TH ST. STE. 3  
MIAMI FL 33169

7. Name and Address of New Registered Agent

Name  
JOHN A. ADAMS SR  
Street Address (P.O. Box Number is Not Acceptable)  
10440 NW 18 PLACE  
City  
PEMBROKE PINES FL Zip Code  
33026

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

*John Adams*  
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

01-10-00

DATE

9. This corporation is eligible to satisfy its intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2000 Fee will be \$550.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution. ☐

**\$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MORGAN, CHARLES O JR. 1300 N.W. 167TH ST. STE. 3 MIAMI FL 33169	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	S JOHN A. ADAMS SR 10440 NW 18 PLACE PEMBROKE PINES FL 33026	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P JOHN A. ADAMS JR 10440 NW 18 PLACE PEMBROKE PINES FL 33026	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SEC

01-10-00

Date

305-594-0077

Daytime Phone #

CR2E034 (9/99)