

2000 UNIFORM BUSINESS REPORT (UBR)

08-10-2000 90001032****61.25

DOCUMENT # P99000053360

1. Entity Name

GONDEREZ, INC.**FILED**

00 AUG 10 AM 9:59

SECRETARY OF STATE
TALLAHASSEE FLORIDA

Principal Place of Business

1580 W. STATE ROAD 04, #172
FL 33328

Mailing Address

1580 W. STATE ROAD 04, #172
DAVE FL 33328-12284474 WESTON RD #172
DAVE FL 33331

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0929075

Applied For
Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

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

(NOTE: Registered Agent signature required when re-registering)

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 \$350.00****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

D
GATELY, W. FRANCIS
1140 HIGHLAND AVE., STE. 500
MANHATTAN BEACH CA 90266☒ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

D
Robert A Russo
7650 W. Baker Blvd # 1031
LAS VEGAS, NV 89102☐ Change ☒ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP☐ Change ☐ AdditionTITLE
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STREET ADDRESS
CITY-ST-ZIP☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP☐ Change ☐ 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 supplemented 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 807, 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

Date

Daytime Phone #

CF2E034 (9/99)

8/10