

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000067143

1. Entity Name

GASTRO EQUIPMENT USA, INC.

FILED
Aug 17, 2000 8:00 am
Secretary of State

08-01-2000 90003 021 ***550.00

Principal Place of Business

Mailing Address

~~3800 EXECUTIVE WAY~~
~~MIRAMAR FL 33025~~

~~3800 EXECUTIVE WAY~~
~~MIRAMAR FL 33025~~

2. Principal Place of Business

10021 PINES BLVD

3. Mailing Address

10021 PINES BLVD

Suite, Apt. #, etc.

207

Suite, Apt. #, etc.

207

City & State

PEMBROKE PINES FL

City & State

PEMBROKE PINES FL

Zip

33024

Country

Zip

33024

Country

4. FEI Number

65-0939829

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

SANCHEZ, WILLIAM J
~~3800 EXECUTIVE WAY~~
~~MIRAMAR FL 33025~~

7. Name and Address of New Registered Agent

Name: JORGE JURADO
 Street Address (P.O. Box Number is Not Acceptable):
 10021 PINES BLVD
 STE 207
 City: PEMBROKE PINES FL Zip Code: 33024

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]

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

(NOTE: Registered Agent signature required when reinstating)

DATE

7-27-00

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 \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
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	PD	<input type="checkbox"/> Delete
NAME	JURADO, JORGE	
STREET ADDRESS	3800 EXECUTIVE WAY	
CITY-ST-ZIP	MIRAMAR FL 33025	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JURADO, JORGE	
STREET ADDRESS	10021 PINES BLVD STE 207	
CITY-ST-ZIP	PEMBROKE PINES FL 33024	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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] REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7-27-00

954-428-7428

Date

Daytime Phone