

**2001 UNIFORM BUSINESS REPORT (UBR)****DOCUMENT #** P99000067143**1. Entity Name**

GASTRO EQUIPMENT USA, INC.

**FILED**  
**Mar 27, 2001 8:00 am**  
**Secretary of State**

03-27-2001 90659 035 \*\*\*150.00

**Principal Place of Business**10021 Pines Blvd.  
Ste 207  
Pembroke Pines, FL 33024**Mailing Address**10021 Pines Blvd.  
Ste 207  
Pembroke Pines, FL 33024**2. Principal Place of Business****3. Mailing Address**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

**4. FEI Number**

65-0939829

Applied For

Not Applicable

Zip

Country

Zip

Country

**5. Certificate of Status Desired** ☐**\$8.75** Additional  
Fee Required

DO NOT WRITE IN THIS SPACE

A0038366

**6. Name and Address of Current Registered Agent**JORGE JURADO  
10021 Pines Blvd.  
Ste. 207  
Pembroke Pines, FL 33024**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 reinstating)

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, 2001 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 PD ☐ Delete  
NAME JURADO, JORGE  
STREET ADDRESS 10021 Pines Blvd. Ste 207  
CITY-ST-ZIP Pembroke Pines, FL 33024TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Delete  
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CITY-ST-ZIPTITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Change ☐ Addition  
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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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)