

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000068276

1. Entity Name

G.A.E. INC.

FILED

May 19, 2000 8:00 am  
Secretary of State

05-19-2000 90104 029 \*\*\*150.00

Principal Place of Business

1825 S.W. 85 AVE.  
MIAMI FL 33155

Mailing Address

1825 S.W. 85 AVE.  
MIAMI FL 33155-1014

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

65-0108644

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

ECHEVARRIA, GREGORIO A  
1825 S.W. 85 AVE.  
MIAMI FL 33155

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, 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 ☐ Delete  
NAME: D  
STREET ADDRESS: ECHEVARRIA, GREGORIO J  
CITY-ST-ZIP: 7344 S.W. 101 CT.  
MIAMI FL 33173

TITLE ☐ Delete  
NAME: D  
STREET ADDRESS: GONZALEZ, CARIDAD  
CITY-ST-ZIP: 1825 S.W. 85 AVE.  
MIAMI FL 33155

TITLE ☐ Delete  
NAME:  
STREET ADDRESS:  
CITY-ST-ZIP:

TITLE ☐ Delete  
NAME:  
STREET ADDRESS:  
CITY-ST-ZIP:

TITLE ☐ Delete  
NAME:  
STREET ADDRESS:  
CITY-ST-ZIP:

TITLE ☐ Delete  
NAME:  
STREET ADDRESS:  
CITY-ST-ZIP:

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition  
NAME:  
STREET ADDRESS:  
CITY-ST-ZIP:

TITLE ☐ Change ☐ Addition  
NAME:  
STREET ADDRESS:  
CITY-ST-ZIP:

TITLE ☐ Change ☐ Addition  
NAME:  
STREET ADDRESS:  
CITY-ST-ZIP:

TITLE ☐ Change ☐ Addition  
NAME:  
STREET ADDRESS:  
CITY-ST-ZIP:

TITLE ☐ Change ☐ Addition  
NAME:  
STREET ADDRESS:  
CITY-ST-ZIP:

TITLE ☐ Change ☐ 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/25/2000 (305)  
5955337

Date

Daytime Phone #

CR2E034 (9/99)