

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000069596

1. Entity Name

GIGATON.COM, INC.

FILED
May 24, 2000 8:00 am
Secretary of State

05-24-2000 90160 017 ***150.00

Principal Place of Business

1200 BRICKELL AVE., SUITE #680
MIAMI FL 33131

Mailing Address

1200 BRICKELL AVE., SUITE #680
MIAMI FL 33131-3209

2. Principal Place of Business

8151 WEST PETER'S RD
Suite, Apt. #, etc. #2000

3. Mailing Address

8151 WEST PETER'S RD
Suite, Apt. #, etc. #2000



DO NOT WRITE IN THIS SPACE

City & State

PLANTATION, FL
Zip 33324 Country BRUN

City & State

PLANTATION, FL
Zip 33324 Country BRUN

4. FEI Number

45-0938388

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

PENINSULA REGISTERED AGENTS, INC.
200 S. BISCAYNE BLVD., #4874
MIAMI FL 33131

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 NAME STREET ADDRESS CITY-ST-ZIP	D GIANULIS, PETER 5601 COLLINS AVE., #1502 MIAMI BEACH FL 33140	☒ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GUTIERREZ, PATRICIA 5601 COLLINS AVE., #1502 MIAMI BEACH FL 33140	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE 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 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 empowers.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)