

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000075941

1. Entity Name
GAPEO INTERNATIONAL, INC.

FILED
Apr 30, 2001 8:00 am
Secretary of State

04-30-2001 90106 038 ***150.00

Principal Place of Business
2655 LEJEUNE ROAD SUITE 807
CORAL GABLES FL 33134

Mailing Address
2655 LEJEUNE ROAD SUITE 807
CORAL GABLES FL 33134

ADDENDUM



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip Country

3. Mailing Address
2655 LeJeune Road
Suite 804
City & State
Coral Gables, Florida
Zip Country
33134 Miami-Dade

4. FEI Number 65-0967421
Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

KATES, LESTER G ESQ
2655 LEJEUNE ROAD SUITE 807
CORAL GABLES FL 33134

7. Name and Address of New Registered Agent

Name
LESTER G. KATES
Street Address (P.O. Box Number is Not Acceptable)
804 Gables International Plaza
2655 LeJeune Road
City Coral Gables FL Zip Code 33134

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
NAME
STREET ADDRESS
CITY-ST-ZIP

DP
PEREZ-SOLIS, GALO
6301 SW 89 PLACE
MIAMI FL 33173

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

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12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

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☐ 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 empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03-16-01

Date

305-345-9747

Daytime Phone #

CR2E034 (10/00)