

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**

**Apr 22, 2000 8:00 am**  
**Secretary of State**

04-22-2000 90040 002 \*\*\*150.00

**DOCUMENT # P99000083279**

1. Entity Name

**GESTECO INC.**

Principal Place of Business

Mailing Address

7976 N.W. 162ND STREET  
MIAMI FL 33016

7976 N.W. 162ND STREET  
MIAMI FL 33016-6111

2. Principal Place of Business

**6991 N.W. 51 Street**

3. Mailing Address

**6991 N.W. 51 Street**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

**Miami, Florida**

City & State

**Miami, Florida**

Zip

**33166**

Country

**USA**

Zip

**33166**

Country

**USA**

4. FEI Number

**65-0950984**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**CRUZ, MARY**  
**7976 N.W. 162ND STREET**  
**MIAMI FL 33016**

7. Name and Address of New Registered Agent

Name

**MARY CRUZ**

Street Address (P.O. Box Number is Not Acceptable)

**7976 N.W. 162 Street**

City

**Miami**

**FL**

Zip Code  
**33016**

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

**MARY CRUZ**

**April 14, 2000**

Signature, type 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 **PSTD** ☐ Delete  
NAME **ESTEVE, JOSE L**  
STREET ADDRESS **7976 N.W. 162ND STREET**  
CITY-ST-ZIP **MIAMI FL 33016**

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **V** ☒ Change ☐ Addition  
NAME **SERGIO BENITEZ**  
STREET ADDRESS **6991 N.W. 51 Street**  
CITY-ST-ZIP **Miami, Florida 33166**

TITLE **T** ☒ Change ☐ Addition  
NAME **MARY CRUZ**  
STREET ADDRESS **7976 N.W. 162 Street**  
CITY-ST-ZIP **Miami, Florida 33016**

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:**

**MARY CRUZ**

**April 14, 2000 305-468-6611**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)