

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 25, 2001 8:00 am
Secretary of State

0214338

DOCUMENT # P99000083279

1. Entity Name

GESTECO INC.

05-25-2001 90288 021 ***150.00

Principal Place of Business

Mailing Address

**1400 N.W. 96TH AVE.
 MIAMI FL 33172**

**1400 N.W. 96TH AVE.
 MIAMI FL 33172**

553980



DO NOT WRITE IN THIS SPACE

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

4. FEI Number

65-0950984

Applied For

Not Applicable

Zip

33166

Country

USA

Zip

33166

Country

USA

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

Signature, typed or printed name of registered agent and title if applicable.

MARY CRUZ

(NOT Registered Agent signature required when reinstating)

DATE

5/21/01

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. ☐

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

TITLE **VD** ☐ Delete
 NAME **BENITZ, SERGIO**
 STREET ADDRESS **1400 N.W. 96TH AVE.**
 CITY-ST-ZIP **MIAMI FL 33172**

TITLE **TD** ☐ Delete
 NAME **CRUZ, MARY**
 STREET ADDRESS **1400 N.W. 96TH AVE.**
 CITY-ST-ZIP **MIAMI FL 33172**

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
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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 any 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

MARY CRUZ

Date

5/21/01

Daytime Phone #

305-468-6611

CR2E034 (10/00)