

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000084554

1. Entity Name

GET GAGA, INC.

**FILED**  
**Aug 04, 2000 8:00 am**  
**Secretary of State**

08-04-2000 90006 008 \*\*\*550.00

Principal Place of Business

100 N. BISCAYNE BLVD., STE. 1110  
 NEW WORLD TOWER  
 MIAMI FL 33132-2301

Mailing Address

100 N. BISCAYNE BLVD., STE. 1110  
 NEW WORLD TOWER  
 MIAMI FL 33132-2301

2. Principal Place of Business

2215 NE 37th Drive

3. Mailing Address

Suite, Apt. #, etc.

131

City & State

Fort Lauderdale FL

City & State

4. FEI Number

65-0957570

Applied For

Not Applicable

Zip

33308

Country

Broward

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

SILVERSTEIN, MARC R  
 100 N. BISCAYNE BLVD., STE. 1110  
 NEW WORLD TOWER  
 MIAMI FL 33132-2301

7. Name and Address of New Registered Agent

Name

Stephanie Smith

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

2115 NE 37th Drive

Suite 131

City

Fort Lauderdale

FL

Zip Code 33308

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 \$550.00**  
**After SEPTEMBER 13, 2000 Min. will be \$750.00**  
**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 PD ☐ Delete  
 NAME SMITH, STEPHANIE  
 STREET ADDRESS 2115 NE 37TH DR. #131  
 CITY-ST-ZIP FT. LAUDERDALE FL 33308

TITLE VD ☐ Delete  
 NAME DAVIDSON, GARY  
 STREET ADDRESS 1522 ADAMS ST.  
 CITY-ST-ZIP HOLLYWOOD FL 33020

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  
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 STREET ADDRESS  
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 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

July 30, 2000

954-566-8552

Date

Daytime Phone #

CR2E034 (5/00)