

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Aug 06, 2002 8:00 am
Secretary of State

08-06-2002 90278 049 ***150.00

DOCUMENT # **P99000084554**

1. Entity Name

Get Gaga Inc.

120401

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

2115 NE 37th Drive

3. Mailing Address

306 Alcazar

Suite, Apt. #, etc.

Ste 131

Suite, Apt. #, etc.

Ste 301

City & State

Fort Lauderdale FL

City & State

Coral Gables FL

Zip

33308

Country

Zip

33134

Country

4. FEI Number

650957570

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

7. Name and Address of Current Registered Agent

Name

Stephanie Smith

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

306 Alcazar

Ste 301

City

Coral Gables

FL

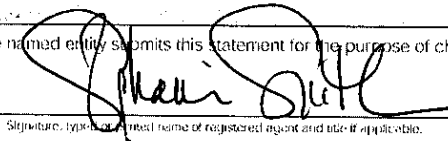
Zip

33134

**DO NOT WRITE
IN THIS SPACE**

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, type or print name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

July 30, 2002

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back)

☒

**January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
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
**President, ~~00~~
STEPHANIE SMITH
306 ALCAZAR AVE, STE 301
CORAL GABLES FL 33134**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**VP
Ronald Wilkins
306 ALCAZAR AVE, STE 301
CORAL GABLES FL 33134**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

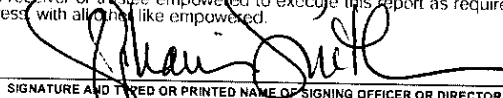
TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

**DO NOT WRITE
IN THIS SPACE**

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 on an attachment with an address with all the like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR



DATE

July 30, 2002

Daytime Phone #

CR2E034B (12/01)

Attachment
GETGAGA, INC.

#P99000084554
123401

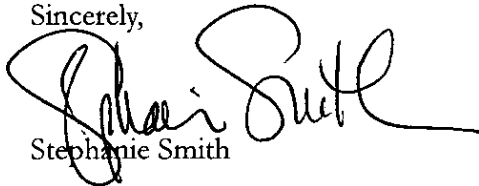
July 31, 2002

Division of Corporations
PO Box 1500
Tallahassee, FL 32302-1500

Dear Sir or Madam:

Please find enclosed the Uniform Business Report for GetGaga (FEI 650957570). We never received notice that you did not receive the original report sent earlier this year. Please contact me with any concerns at 843-259-9861. Thank you.

Sincerely,



Stephanie Smith

President