

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

FILED
Apr 26, 2004 8:00 am
Secretary of State

04-26-2004 91010 046 ***150.00

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| DOCUMENT # P 99000092174 |
| 1. Entity Name G.A.G.PUBLISHING, COMPANY |

DO NOT WRITE IN THIS SPACE

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|--|---------------------------|
| 2. Principal Place of Business 780 N.W. LeJeune Road | 3. Mailing Address |
| Suite, Apt. #, etc. # 321 | Suite, Apt. #, etc. |
| City & State Miami, Florida | City & State |
| Zip 33126 | Country |

DO NOT WRITE IN THIS SPACE

| | |
|------------------------------------|--------------------------------------|
| 4. FEI Number 65-0971646 | Applied For Not Applicable |
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| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |
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| 7. Name and Address of Current Registered Agent | |
| Name | |
| Street Address (P.O. Box Number is Not Acceptable) | |
| City | FL Zip Code |

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) ☐

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 | D CASSARA, BEATRIC C. 780 N.W 44 AVE. # 321 Miami, Fl. 33126 | TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
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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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/22/04 305-442-8093