

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000095515

1. Entity Name

GY2K, INC.

FILED
Mar 02, 2000 8:00 am
Secretary of State

03-02-2000 90103 016 ***150.00

Principal Place of Business

Mailing Address

956 NORMANDY DRIVE
MIAMI BEACH FL 33141

956 NORMANDY DRIVE
MIAMI BEACH FL 33141-2926



DO NOT WRITE IN THIS SPACE

Principal Place of Business

Mailing Address

956 Normandy Drive

956 Normandy Drive

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Miami Beach

MB

Zip

Country

Zip

Country

FL

33141-

FL

33141-

4. FEI Number

66-0958532

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MONDAZZI, GERALDINE
956 NORMANDY DRIVE
MIAMI BEACH FL 33141

Name

MONDAZZI, MARUJA A.

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

956 Normandy Drive

City

MIAMI BEACH

FL

Zip Code

33141

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 \$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.

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**\$5.00 May Be
Added to Fees**

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PSD
MONDAZZI, GERALDINE
956 NORMANDY DRIVE
MIAMI BEACH FL 33141

☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PRES, Sec
MONDAZZI MARUJA A.
956 Normandy Drive
MIAMI BEACH FL 33141

☐ Change

☒ Addition

TITLE
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STREET ADDRESS
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CITY-ST-ZIP

☐ Change

☐ Addition

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

Date

Daytime Phone #

CR2E034 (9/99)