

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000095727

1. Entity Name

GANNET ENTERPRISES, INC.

Principal Place of Business

975 NORTHWEST 18TH AVENUE
HOMESTEAD FL 33030

Mailing Address

975 NORTHWEST 18TH AVENUE
HOMESTEAD FL 33030-3880

2. Principal Place of Business

1065 NE 125 STREET

Suite, Apt. #, etc.

317

City & State

NORTH MIAMI, FL

Zip

33161

Country

DADE

3. Mailing Address

PO Box 119031

Suite, Apt. #, etc.

1061

City & State

MIAMI, FL

Zip

33011

Country

DADE

4. FEI Number

65-0961817

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

SPIEGEL & UTRERA, P.A.
343 ALMERIA AVENUE
CORAL GABLES FL 33134

7. Name and Address of New Registered Agent

Name

JAMES T. STEWART

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

1065 NE 125 STREET Suite # 317

NORTH MIAMI

City

FL

Zip Code

33161

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

James T. Stewart, JAMES T. STEWART, PSTD

Jan 7, 2000

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. ☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE PSTD
NAME STEWART, JAMES T
STREET ADDRESS 975 NORTHWEST 18TH AVENUE
CITY-ST-ZIP HOMESTEAD FL 33030 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
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CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
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CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
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:

James T. Stewart, JAMES T. STEWART

Date

01-8-2000

Daytime Phone #

305-478-4611

FILED
Jan 27, 2000 8:00 am
Secretary of State

01-27-2000 90072 032 ***150.00

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DO NOT WRITE IN THIS SPACE