

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000099382

1. Entity Name

GASBARRI INVESTMENTS, INC.

FILED
Feb 26, 2001 8:00 am
Secretary of State

02-26-2001 90556 046 ***150.00

Principal Place of Business

Mailing Address

11400 S.W. 102ND AVENUE
KENDALL FL 33176

11150 S.W. 102ND AVENUE
KENDALL FL 33176

2333 Brickell Ave
Miami, FL 33129

2. Principal Place of Business

2333 Brickell Ave

3. Mailing Address

1150 SW 102 Ave

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Miami, FL

City & State

Miami, FL

Zip

Country

33129 USA

Zip

Country

33176 USA

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

GASBARRI, ANTONIO
11150 S.W. 102ND AVENUE
KENDALL FL 33176

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

2-17-01

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, 2001 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete
NAME D
STREET ADDRESS GASBARRI, ANTONIO
CITY-ST-ZIP 11150 S.W. 102ND AVENUE
KENDALL FL 33176

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

TITLE ☐ Delete
NAME D
STREET ADDRESS SAAVEDRA, ALICIA
CITY-ST-ZIP 11150 S.W. 102ND AVENUE
KENDALL FL 33176

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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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

Date

Daytime Phone #

2-17-01 858-0654

CR2E034 (10/00)