

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # S20868

1. Entity Name

OSCAR C. GOMEZ, INC.

FILED
Mar 24, 2000 8:00 am
Secretary of State

03-24-2000 90121 045 ***150.00

Principal Place of Business

4604 SW 74TH AVE
MIAMI FL 33155
US

Mailing Address

9737 NW 41ST
SUITE 438
MIAMI FL 33178-2924
US

2. Principal Place of Business
979 Shotgun Road

3. Mailing Address
9737 NW 41st Street

Suite, Apt. #, etc.

Broward Lakes Buss. Park

Suite, Apt. #, etc.

Suite 438

City & State

Sunrise, Florida

City & State

Miami, Florida

4. FEI Number

65-0245931

Applied For

Not Applicable

Zip

33326

Country

US

Zip

33178

Country

US

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

MANCINI, JAKE
9737 NW 41ST STREET
SUITE 438
MIAMI FL 33178

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) ☐

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE VS ☐ Delete
NAME ALONSO, CARLOS A
STREET ADDRESS 9737 NW 41ST STREET SUITE 438
CITY-ST-ZIP MIAMI FL 33178

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

TITLE PT ☐ Delete
NAME DONELLI, DAVID P
STREET ADDRESS 9737 NW 41ST STREET, SUITE 438
CITY-ST-ZIP MIAMI FL 33178

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 ☐ Delete
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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:

David P. Donelli
David P. Donelli, P/T

3-16-00

Date

(954) 382-3024

Daytime Phone #

CR2E034 (9/99)