

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 13, 2000 8:00 am
Secretary of State

07-13-2000 90267 010 ***550.00

DOCUMENT # P93000053731

1. Entity Name
GEFRA INVESTMENTS CORP.

Principal Place of Business
 21150 BISCAYNE BLVD.
 #302
 AVENTURA FL 33180
 US

Mailing Address
 21150 BISCAYNE BLVD.
 #302
 AVENTURA FL 33180
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **65-0533411**

Applied For
 Not Applicable

Zip Country

Zip Country

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

FRAYND, GERMAN
21150 BISCAYNE BLVD.
#302
AVENTURA FL 33180

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 \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
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 **P** Delete
 NAME **FRAYND, GERMAN**
 STREET ADDRESS **21150 BISCAYNE BLVD.**
 CITY-ST-ZIP **AVENTURA FL 33180**

TITLE **VP** Change Addition
 NAME **FRAYND, PAUL**
 STREET ADDRESS **21150 Biscayne Blvd ste 302**
 CITY-ST-ZIP **Aventura, FL 33180**

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME **S. FRAYND, ALAN**
 STREET ADDRESS **21150 Biscayne Blvd ste 302**
 CITY-ST-ZIP **Aventura, Fl 33180**

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
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 STREET ADDRESS
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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:  SIGNATURE REQUIRED
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

15/00