

FILED
Jul 15, 2002 8:00 am
Secretary of State

02-11-2002 90035 023 ***150.00

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000091110
 1. Entity Name
 GEONT, INC

Principal Place of Business Mailing Address
 3502 N POWERLINE RD. 3502 N POWERLINE RD
 POMPANO BEACH, FL 33069 POMPANO BEACH, FL 33069

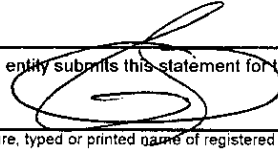
97285

2. Principal Place of Business 3. Mailing Address
 3502 N POWERLINE RD 3502 POWERLINE RD
 Suite, Apt. #, etc. Suite, Apt. #, etc.
 3502 3502

DO NOT WRITE IN THIS SPACE

City & State City & State 4. FEI Number Applied For
 POMPANO BEACH POMPANO BEACH 65-0874575 Not Applicable
 Zip Country Zip Country 5. Certificate of Status Desired \$8.75 Additional
 33069 USA 33069 USA Fee Required

6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent
 Name
 ABOU ZAMEL
 Street Address (P.O. Box Number is Not Acceptable)
 3205 N POWERLINE RD
 City FL Zip Code
 POMPANO BEACH 33069

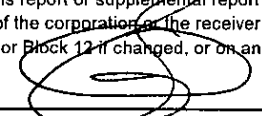
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.
 SIGNATURE  Date

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. 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 \$5.00 Trust Fund Contribution. May Be Added to Fees

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	DPT <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ABOU ZAMEL	NAME	
STREET ADDRESS	3205 N POWERLINE RD	STREET ADDRESS	
CITY - ST - ZIP	POMPANO BEACH, FL 33069	CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY - ST - ZIP		CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY - ST - ZIP		CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY - ST - ZIP		CITY - ST - ZIP	
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NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY - ST - ZIP		CITY - ST - ZIP	

CR2E034 (9/99)

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:  07-08-02