


**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

03 AUG -6 AM 8:00

DOCUMENT # V66254

1. Entity Name
GERAM REALTY, INC.



Principal Place of Business
4423 W. TRADEWINDS AVE.
LAUDERDALE BY THE SEA, FL 33308-4464

Mailing Address
4423 W. TRADEWINDS AVE.
LAUDERDALE BY THE SEA, FL 33308-4464

2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

City & State

City & State

Zip Country

Zip Country



CHECK HERE IF MAKING CHANGES *MRS*

4. FEI Number
65-0363441

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

~~BAXTER, JACK A JR, ESQ~~
~~4630 NORTH FEDERAL HWY.~~
~~FORT LAUDERDALE, FL 33308~~ *delete*

7. Name and Address of New Registered Agent

Name **STUART C. WARDLAW**

Street Address (P.O. Box Number is Not Acceptable)
2929 E. COMMERCIAL BLVD., #501

City **Ft. Lauderdale** **FL** Zip Code **33308**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE **STUART C. WARDLAW** *[Signature]* **7-25-03**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent's signature required when reinstating) DATE

FILE NOW!! FEE IS \$160.00
After May 1, 2003 Fee will be \$550.00
Amended UBR is \$87.75
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSD POINTEK, KONSTANTIN 4423 W. TRADEWINDS AVE. LAUDERDALE BY THE SEA, FL 333084464	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AD BAXTER, JACK A JR, ESQ 4630 NORTH FEDERAL HWY. FORT LAUDERDALE, FL 33308	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	100022116201 08/06/03--01058--001 **558.75	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(1), Florida Statutes. I further certify that the information indicated on this report of 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *[Signature]* **07-30-03** 54-776-9037
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Cayman Phone #

KONSTANTIN POINTEK

ORF034 (10/02)

ATTN: DOUG.

PLEASE TAKE CARE
OF THIS MATTER.

Apply my so long
AWAITED CREDIT.

Thank you.

Sincerely

Rodolfo A MENDOZA

PH 954-822-2865.