

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 02, 2001 8:00 am
Secretary of State

03-02-2001 90039 001 ***150.00

DOCUMENT # P95000065069

1. Entity Name
GEEL CORP.

Principal Place of Business

Mailing Address

~~14924 SW 104TH ST. UNIT 30~~
~~MIAMI FL 33196~~

(New address)

~~14924 SW 104TH ST. UNIT 30~~
~~MIAMI FL 33196~~

(New address)

12901 SW 117 STREET
MIAMI FLORIDA 33186

12901 SW 117 STREET
MIAMI FL. 33186

2. Principal Place of Business

3. Mailing Address

12901 SW 117 STREET

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
MIAMI FL.

City & State

4. FEI Number **65-0614057**

Applied For

Not Applicable

Zip **33186**

Country **USA**

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

ESPOSITO, ANTONIETTA F

~~14924 SW 104TH ST. UNIT #30~~

~~MIAMI FL 33196~~

(New address)

12901 SW 117 ST
MIAMI FL 33186

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, 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 **D** ☐ Delete
 NAME **ESPOSITO, ANTONIETTA F** (New address)
 STREET ADDRESS ~~14924 SW 104TH ST. UNIT #30~~ **12901 SW 117 ST**
 CITY-ST-ZIP ~~MIAMI FL~~ **MIAMI FL 33186**

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

TITLE ☐ Delete
 NAME
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 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 #

02-20-01 (3053823089)

CR2E034 (10/00)