

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

FILED
Feb 12, 2003 8:00 am
Secretary of State

02-12-2003 90112 008 ***150.00

DOCUMENT # 189710

1. Entity Name
SARL INVESTMENT COMPANY INC



Principal Place of Business
**2505 NW BOCA RATON BLVD
STE 202
BOCA RATON FL 33431**

Mailing Address
**2505 NW BOCA RATON BLVD
STE 202
BOCA RATON FL 33431**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-6070921**

Applied For

Not Applicable

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

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**GERONEMUS, LEONARD A.
2505 NW BOCA RATON BLVD
SUITE 202
BOCA RATON FL 33431**

7. Name and Address of New Registered Agent

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

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

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	PTSD	<input type="checkbox"/> Delete
NAME	GERONEMUS, LEONARD A.	
STREET ADDRESS	1520 S.W. 19TH STREET	
CITY-ST-ZIP	BOCA RATON FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	GERONEMUS, RICHARD J.	
STREET ADDRESS	9545 SEA TURTLE DRIVE	
CITY-ST-ZIP	PLANTATION FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	GERONEMUS, FAYE	
STREET ADDRESS	9545 SEA TURTLE DR.	
CITY-ST-ZIP	PLANTATION FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	GERONEMUS, PAMELA	
STREET ADDRESS	1520 S.W. 19TH ST.	
CITY-ST-ZIP	BOCA RATON FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED
Leonard A. Geronemus 2/10/03 561241040
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)