## FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

## FILED Apr 02, 2002 8:00 am Secretary of State

1. Entity Name					04-02-2002 90870 008 ***1 50.00			
GELB	MONUMENTS, INC.							
DO NOT WRITE IN THIS SPACE					B0054143			
	Place of Business							
5825 Suite, Apt.	PLUNKETT STREET	28th TERR	<u> </u>	DO NOT WRITE IN TI	IIC CDACE			
Julie, Apr. #, etc.		Suite, Apt. #, etc.		ļ	DO NOT WRITE IN THIS SPACE			
City & State		City & State		4. 1			Applied For	
HOLLYWOOD, FL Zip Country		PEMBROKE PINES, FL Zip Country		<del>-   -</del>	59-0953351   Not Applic		Not Applicable	
330.23.	Country	33027	Country	5. (	Certificate of Status Desired	ֆԾ./Շ Fee Re		
	<del></del>	33027		7. Na	me and Address of Current Registe	red Agent		
	DO NOT WI	Street Addre	SANFORD APATOV  Street Address (P.O. Box Number is Not Acceptable)  5825 PLUNKETT STREET					
			City HOLLY	WOOD	F		Code 3023	
8. The above	named entity submits this statement for t	he purpose of changing its reg			ent, or both, in the State of Florida.			
SIGNATURE .	Signature, typed or printed name of registered agent and	title it applicable. (NOTE: Re	gistered Agent signature re	quired when re	instating) DAT			
Tay filing requirement and elects to do so.  After May 1,			1 Fee is \$150.00 Fee is \$550.00 BR is \$61.25 to Department of		10. Election Campaign Financing Trust Fund Contribution.		5.00 May Be dded to Fees	
11.	OFFICERS AND D							
TITLE NAME STREET ADDRESS CITY-ST-ZIP	R/D APATOV, SANFORD 1201 S.W.128th TE	i le	TITLE NAME STREET ADDRESS CITY-ST-ZIP					
TITLE	PEMBROKE PINES, F	TITLE						
NAME	ASST. DIRECTOR	NAME						
STREET ADDRESS CITY-ST-ZIP	HALLER, KENNETH M   12515 N. KENDALL	STREET ADDRESS CITY-ST-ZIP						
TITLE	MIAMI, FL 33186		TITLE		<u> </u>	<del>. ,</del>		
NAME	•	· •	NAME					
STREET ADDRESS CITY-ST-ZIP			STREET ADDRESS CITY-ST-ZIP		DO NOT WE	RITE		
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NAME			NAME		IN THIS SPA	10E		
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CITY-ST-ZIP			CITY-ST-ZIP	<del>,</del>	·			
TITLE NAME	•		TITLE NAME					
STREET ADDRESS			STREET ADDRESS					
CITY-ST-ZIP	-		CITY-ST-ZIP					
TITLE			TITLE					
NAME CTREET ADDRESS			NAME OTDEET INCOMES					
STREET ADDRESS CITY-ST-ZIP			STREET ADDRESS CITY-ST-ZIP				į	

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 on an attachment with an address, with all other size empowered.

SIGNATURE:

KENN

KENNETH HALLER

3/15/02

Date

(954) 430-2847

Daytime Phone #

CR2E034B (12