

**2002 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 08, 2002 8:00 am**  
**Secretary of State**

04-08-2002 90067 031 \*\*\*150.00

0190153 AV

**DOCUMENT # 472225**  
 1. Entity Name  
**G.E.W. ENTERPRISES, INCORPORATED**

Principal Place of Business 11091 MINNEAPOLIS DR. HOLLYWOOD FL 33026 US	Mailing Address PO BOX 848154 HOLLYWOOD FL 33084-0154 US
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2. Principal Place of Business <del>8695 S.W. 58th Street</del> Suite, Apt. #, etc.	3. Mailing Address <del>P.O. Box 848154</del> Suite, Apt. #, etc.
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DO NOT WRITE IN THIS SPACE

City & State COOPER CITY, FL 33328-5924	City & State HOLLYWOOD FL 3308400154	4. FEI Number 59-1622194	Applied For Not Applicable
Zip 33328-5924	Country USA	Zip 33084-0154	Country USA
5. Certificate of Status Desired <input type="checkbox"/>		8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent <b>BURNS, ROBERT H.</b> 420 LINCOLN ROAD MALL MIAMI BEACH FL 33139		7. Name and Address of New Registered Agent	
Name		Street Address (P.O. Box Number is Not Acceptable)	
City		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 \_\_\_\_\_ (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) <input type="checkbox"/>	<b>FILE NOW!!! FEE IS \$150.00</b> After May 1, 2002 Fee will be \$550.00 Make Check Payable to Department of State	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD WENGERT, GERALD E <del>11091 MINNEAPOLIS DR.</del> HOLLYWOOD FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 8695 S.W. 58th Street COOPER CITY, FLORIDA 33328-5924
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BURNS, ROBERT H #450 420 LINCOLN RD MIAMI BEACH, FL 00000 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD ZIMMERMAN, ERLA 301 FIRST STREET FRANFURT, NY 00000 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GIMMELLI, LILLIAN 301 FIRST STREET FRANKFURT NY <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD WENGERT, GERALD E. <del>11091 MINNEAPOLIS DR.</del> HOLLYWOOD, FL 33026 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 8695 S.W. 58th Street COOPER CITY, FLORIDA 33328-5924
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:** *Gerald E. Wengert* **GERALD E. WENGERT**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MARCH 29, 2002. <sup>959</sup> 689-0632  
 Date Daytime Phone #

CR2E034 (9/01)