

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 14, 2003 8:00 am
Secretary of State

04-14-2003 90345 001 ***150.00

CONSUMER AV

DOCUMENT # 472225

1. Entity Name
G.E.W. ENTERPRISES, INCORPORATED



Principal Place of Business
**8695 S.W. 58TH ST
FORT LAUDERDALE FL 33328-5924
US**

Mailing Address
**PO BOX 848154
HOLLYWOOD FL 33084-0154
US**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-1622194**

Applied For
Not Applicable

Zip Country

Zip Country

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

CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**BURNS, ROBERT H.
420 LINCOLN ROAD MALL
MIAMI BEACH FL 33139**

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 _____ (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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PD <input type="checkbox"/> Delete
NAME	WENGERT, GERALD E
STREET ADDRESS	8895 S.W. 58TH ST.
CITY-ST-ZIP	COOPER CITY FL 33328-5924
TITLE	D <input type="checkbox"/> Delete
NAME	BURNS, ROBERT H
STREET ADDRESS	#450 420 LINCOLN RD
CITY-ST-ZIP	MIAMI BEACH, FL 00000
TITLE	SD <input type="checkbox"/> Delete
NAME	ZIMMERMAN, ERLA
STREET ADDRESS	301 FIRST STREET
CITY-ST-ZIP	FRANFURT, NY 00000
TITLE	D <input type="checkbox"/> Delete
NAME	GIMMELLI, LILLIAN
STREET ADDRESS	301 FIRST STREET
CITY-ST-ZIP	FRANKFURT NY
TITLE	PD <input type="checkbox"/> Delete
NAME	WENGERT, GERALD E.
STREET ADDRESS	8695 S.W. 58TH ST.
CITY-ST-ZIP	FORT LAUDERDALE FL 33328-5924
TITLE	<input type="checkbox"/> Delete

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
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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: *Gerald E. Wengert* **GERALD E. WENGERT** **APRIL 12, 2003.** 954-699-5377
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)