

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 05, 2000 8:00 am**  
**Secretary of State**

04-05-2000 90054 029 \*\*\*150.00

**DOCUMENT # 642741**

1. Entity Name  
**GEORGE E. GELB P.A.**

Principal Place of Business      Mailing Address:  
 8603 S. DIXIE HWY #407      8603 S. DIXIE HWY #407  
 MIAMI FL 33143      MIAMI FL 33143-7807  
*6650 W. Indian Town Rd. Suite 200 Same as principal*  
*Jupiter, FLORIDA 33458*



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business      3. Mailing Address  
*6650 W. Indian Town Road*  
 Suite, Apt. #, etc.      Suite, Apt. #, etc.  
*200*

City & State      City & State  
*Jupiter, FL*

4. FEI Number      Applied For  
**59-1940329**       Not Applicable

Zip      Country      Zip      Country  
*33458*      *Palm Beach*      *33458*      *USA*

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

6. Name and Address of Current Registered Agent  
**GEORGE, GELB**  
**8603 SOUTH DIXIE HIGHWAY**  
**SUITE 407**  
**MIAMI FL 33143**

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

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_  
 Signature, typed or printed name of registered agent and title if applicable

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, 2000 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                      | PD <input type="checkbox"/> Delete | TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | <b>GELB, GEORGE E.</b>             | NAME  |   |
| STREET ADDRESS             | <b>8603 SO DIXIE HWY #407</b>      | STREET ADDRESS  |   |
| CITY-ST-ZIP                | <b>MIAMI FL</b>                    | CITY-ST-ZIP   |   |
| TITLE                      | <input type="checkbox"/> Delete    | TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |                                    | NAME  |   |
| STREET ADDRESS             |                                    | STREET ADDRESS  |   |
| CITY-ST-ZIP                |                                    | CITY-ST-ZIP   |   |
| TITLE                      | <input type="checkbox"/> Delete    | TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |                                    | NAME  |   |
| STREET ADDRESS             |                                    | STREET ADDRESS  |   |
| CITY-ST-ZIP                |                                    | CITY-ST-ZIP   |   |
| TITLE                      | <input type="checkbox"/> Delete    | TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |                                    | NAME  |   |
| STREET ADDRESS             |                                    | STREET ADDRESS  |   |
| CITY-ST-ZIP                |                                    | CITY-ST-ZIP   |   |
| TITLE                      | <input type="checkbox"/> Delete    | TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |                                    | NAME  |   |
| STREET ADDRESS             |                                    | STREET ADDRESS  |   |
| CITY-ST-ZIP                |                                    | 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)(f), 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: *George E. Gelb*      Date: *3/31/00*      Daytime Phone #: *(561) 748-8000*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/99)