

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F23785
 1. Entity Name
Geffon Sigel & Auning, Inc.
 3381 N E 6th Ter. Pompano, FL 33064

Principal Place of Business Mailing Address
same

2. Principal Place of Business Suite, Apt. #, etc.
same
 3. Mailing Address Suite, Apt. #, etc.
 3381 N E 6th Ter. Pompano, FL
 City & State City & State
 Zip Country Zip Country
 33064 USA

FILED
 01 MAR 20 PM 2:51
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2074186 Applied For Not Applicable
 5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required
 6. Name and Address of Current Registered Agent
Paul V. Zaretsky, Pres
 3381 N E 6th Ter. Pompano, FL 33064
 7. Name and Address of New Registered Agent
 Name *same*
 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 *Paul V. Zaretsky, Pres* DATE *pr 23, 01*
 Signature, typed or printed name of registered agent and title (NOTE: Registered Agent signature required when reinstating)

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, 2001 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 VP	<i>Shene A. Zaretsky</i> <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	3381 N E 6th Ter.	NAME	
STREET ADDRESS	Pompano, FL 33064	STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<i>Paul V. Zaretsky, Pres</i> <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	3381 N E 6th Ter.	NAME	
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CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
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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	

REINSTATEMENT 00-0178

700003911757-0
 -03/27/01--01044--026
 *****900.00 *****900.00

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: *Paul V. Zaretsky* 1-23-01 954-781-7811
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/00)