

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 27, 2002 8:00 am**  
**Secretary of State**  
 02-27-2002 90041 044 \*\*\*158.75

**DOCUMENT # F45230**

1. Entity Name  
**GERO VITA INTERNATIONAL, INC.**

Principal Place of Business  
**C/O G.B. DATA SYSTEMS**  
**520 WASHINGTON BLVD., #420**  
**MARINA DEL REY CA 90292**

Mailing Address  
**C/O G.B. DATA SYSTEMS**  
**520 WASHINGTON BLVD., #420**  
**MARINA DEL REY CA 90292**

**B0034307**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business  
**330 Washington Blvd.**

3. Mailing Address  
 Suite, Apt. #, etc.

Suite, Apt. #, etc.  
**901**  
 City & State  
**Marina del Rey, CA**

City & State

4. FEI Number  
**59-2126132**

Applied For  
 Not Applicable

Zip  
**90292**  
 Country  
**USA**

Zip  
 Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**RICHARD M. GOLDSTEIN, P.A.**  
**200 S. BISCAYNE BLVD.**  
**SUITE 2500**  
**MIAMI FL 33131**

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

Signature, typed or printed name of registered agent and title if applicable.

(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) ☒

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2002 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. **EXISTING OFFICERS AND DIRECTORS**

12. **ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
**HSIEH, STEWART**  
**2124 BEECH KNOLL ROAD**  
**LOS ANGELES CA 90046** ☒ Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
**FRANZEN, BARRY A**  
**4345 COBBLESTONE LANE**  
**LA CANADA CA 91011** ☒ Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
**GOODMAN, SAM R**  
**60 SHEARER DRIVE**  
**ATHERTON CA 94027** ☒ Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
**TEPPER, RON**  
**917 LINDENCLIFF STREET**  
**TORRANCE CA 90502** ☐ Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
**KONELL, CHERYL R**  
**3908 SCADLOCK LANE**  
**SHERMAN OAKS CA 91403** ☐ Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
☐ Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
☐ Change ☐ 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: **CHERYL R. KONELL**  
 SECRETARY  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**01/29/02 310-822-2722**  
 Date Daytime Phone #

CR2E034 (9/01)