

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F94000000002

1. Entity Name

GEFSHU, INC.

**FILED**  
**Apr 06, 2000 8:00 am**  
**Secretary of State**

04-06-2000 90041 030 \*\*\*150.00

Principal Place of Business

36 N.E. 1 STREET  
SUITE 730  
MIAMI FL 33132

Mailing Address

36 N.E. 1 STREET  
SUITE 730  
MIAMI FL 33132-2417

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **11-3141491**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

ADLER, LESLIE CPA  
1320 S. DIXIE HWY #1061  
CORAL GABLES FL 33146

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

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, 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

TITLE	CP	<input type="checkbox"/> Delete
NAME	SHUSTER, SOLLY	
STREET ADDRESS	37 W. 47TH ST, SUITE 504	
CITY-ST-ZIP	NEW YORK NY	
TITLE	VCV	<input type="checkbox"/> Delete
NAME	SHUSTER, ERROL	
STREET ADDRESS	37 W. 47TH ST, SUITE 504	
CITY-ST-ZIP	NEW YORK NY	
TITLE	VD	<input type="checkbox"/> Delete
NAME	KRAMER, CECIL	
STREET ADDRESS	37 W. 47TH ST, SUITE 504	
CITY-ST-ZIP	NEW YORK NY	
TITLE	S	<input type="checkbox"/> Delete
NAME	SHUSTER, ROSALIND	
STREET ADDRESS	36 NE FURST ST SUITE 730	
CITY-ST-ZIP	MIAMI FL 33132	
TITLE	S	<input type="checkbox"/> Delete
NAME	SHUSTER, GARY	
STREET ADDRESS	36 NE FIRST ST SUITE 730	
CITY-ST-ZIP	MIAMI FL 33132	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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
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
NAME	
STREET ADDRESS	
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)(l), 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:

*GARY SHUSTER*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3-31-00 3053772727

CR2E034 (9/99)