

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Sep 18, 2001 8:00 am**  
**Secretary of State**

09-18-2001 90006 039 \*\*\*150.00

**DOCUMENT # F99000005912**

1. Entity Name  
**GEEK SECURITIES, INC.**

Principal Place of Business  
**10 CENTER WEST BLDG. 3, SUITE 220**  
**PITTSBURGH PA 15276**

Mailing Address  
**10 CENTER WEST BLDG. 3, SUITE 220**  
**PITTSBURGH PA 15276**

2. Principal Place of Business  
**999 YAMATO ROAD**

3. Mailing Address  
**999 YAMATO ROAD**

Suite, Apt. #, etc.  
**100**

Suite, Apt. #, etc.  
**100**

City & State  
**BOCA RATON FL**

City & State  
**BOCA RATON FL**

4. FEI Number **13-3196 502**

Applied For  
 Not Applicable

Zip  
**33431** Country  
**PALM BEACH**

Zip  
**33431** Country  
**PALM BEACH**

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

**C T CORPORATION SYSTEM**  
**1200 SOUTH PINE ISLAND ROAD**  
**PLANTATION FL 33324**

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 \$550.00**  
**After September 12, 2001 Fee will be \$750.00**  
**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  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
**PCD**  
**COHEN, BARRY F**  
**1600 S.E. 15TH STREET, SUITE 512**  
**FT. LAUDERDALE FL 33316**

☒ Delete

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

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
**S**  
**SHARMA, KAUTILYA**  
**4190 MUIRFIELD CIRCLE**  
**NEVILLEWOOD PA 15142**

☐ Delete

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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:

**SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**9/12/2001**

Date

Daytime Phone #

CR2E034 (5/01)