

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 12, 2002 8:00 am**  
**Secretary of State**

063374 AV

04-12-2002 90001 027 \*\*\*150.00

**DOCUMENT # J82349**

1. Entity Name  
**G E B A L CO., INC.**

Principal Place of Business  
**3270 NW FEDERAL HWY**  
**JENSEN BCH FL 34957**  
**US**

Mailing Address  
**9900 S OCEAN DR**  
**#1107**  
**JENSEN BEACH FL 34957**

U N I T U N I



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-2826560**

Applied For  
 Not Applicable

Zip

Country

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

**EVA GEBAL**  
**5969 BUENA VISTA CT.**  
**BOCA RATON FL 33433**

Name **EVA GEBAL**  
 Street Address (P.O. Box Number is Not Acceptable)  
**9900 S OCEAN DR. # 1107**  
 City **JENSEN BEACH** **FL** Zip **34957**

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, 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. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P** ☐ Delete  
 NAME **GEBAL, EVA**  
 STREET ADDRESS **5969 BUENA VISTA CT**  
 CITY-ST-ZIP **BOCA RATON FL**

TITLE ☒ Change ☐ Addition  
 NAME **GEBAL, EVA**  
 STREET ADDRESS **9900 S. OCEAN DR # 1107**  
 CITY-ST-ZIP **JENSEN BEACH FL 34957**

TITLE **VP** ☐ Delete  
 NAME **GEBAL, JACOB**  
 STREET ADDRESS **5969 BUENA VISTA CT**  
 CITY-ST-ZIP **BOCA RATON FL 33433**

TITLE ☒ Change ☐ Addition  
 NAME **GEBAL, JACOB**  
 STREET ADDRESS **9900 S. OCEAN DR # 1107**  
 CITY-ST-ZIP **JENSEN BEACH FL 34957**

TITLE **VCC** ☐ Delete  
 NAME **GEBAL, VICTOR**  
 STREET ADDRESS **9900 S OCEAN DR #1107**  
 CITY-ST-ZIP **JENSEN BEACH FL 34957**

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

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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

TITLE ☐ Change ☐ 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)(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: \_\_\_\_\_

**VICTOR GEBAL**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**03/30/02**  
 Date

**581-692 9119**  
 Daytime Phone #

CR2E034 (9/01)