

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 09, 2003 8:00 am
Secretary of State

01-09-2003 90027 014 ***150.00

DOCUMENT # J96716

1. Entity Name
GERI ENTERPRISES, INC.



Principal Place of Business
4851 GODFREY ROAD
POMPANO BEACH FL 33067
US

Mailing Address
4851 GODFREY ROAD
POMPANO BEACH FL 33067
US



☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business
4340 NW 19 Ave
Suite, Apt. #, etc.
Bld 8 - Bay C
City & State
Pompano FL
Zip 33064 Country U.S.

3. Mailing Address
4340 NW 19 Ave
Suite, Apt. #, etc.
Bld 8 - Bay C
City & State
Pompano FL
Zip 33064 Country U.S.

4. FEI Number 65-0010379
Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

LAPIERRE, GERARD
4851 GODFREY ROAD
POMPANO BEACH FL 33067

7. Name and Address of New Registered Agent

Name Alexandre E. Lapiere
Street Address (P.O. Box Number is Not Acceptable)
2420 NW 68 Ter
City Margate FL FL Zip Code 33063

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE Alexandre E. Lapiere 01/07/02
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	VP	☐ Delete
NAME	LAPIERRE, GERARD	
STREET ADDRESS	4851 GODFREY ROAD	
CITY-ST-ZIP	POMPANO BEACH FL	
TITLE	SD	☐ Delete
NAME	LAPIERRE, RITA	
STREET ADDRESS	4851 GODFREY ROAD	
CITY-ST-ZIP	POMPANO BEACH FL	
TITLE	PTD	☐ Delete
NAME	LAPIERRE, ALEXANDRE	
STREET ADDRESS	4851 GODFREY RD	
CITY-ST-ZIP	POMPANO BEACH FL	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Alexandre E. Lapiere 01/07/02 (954) 956-7454
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)