

**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 27, 2002 8:00 am**  
**Secretary of State**

05-27-2002 90427 003 \*\*\*150.00

DOCUMENT # MO0667 ✓

1. Entity Name

GEZS, INC.  
C/O ROBERT MESSA

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

8460 SouthWest 142<sup>nd</sup> St.

Suite, Apt. #, etc.

D/A

3. Mailing Address

8460 SouthWest 142<sup>nd</sup> STREET

Suite, Apt. #, etc.

N/A

City & State

Miami FL

City & State

Miami FL

Zip

33158

Country

USA

Zip

33158

Country

USA

4. FEI Number

59-2422955

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

7. Name and Address of Current Registered Agent

Name

MESSA, ROBERT

Street Address (P.O. Box Number is Not Acceptable)

8460 SouthWest 142<sup>nd</sup> STREET

City

Miami

FL

Zip Code

33158

**DO NOT WRITE  
IN THIS SPACE**

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)

10. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

11. OFFICERS AND DIRECTORS

TITLE DP  
NAME MESSA, ROBERT  
STREET ADDRESS 8460 SouthWest 142<sup>nd</sup> STREET  
CITY-STATE-ZIP MIAMI FL 33158

TITLE  
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TITLE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

**DO NOT WRITE  
IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE: X

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/1/02

Daytime Phone #

CR2E034B (12/01)