

FILED
Apr 07, 2003 8:00 am
Secretary of State

04-07-2003 90988 018 ***150.00

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

DOCUMENT # M08667			
1. Entity Name GEZS, Inc c/o Robert Messa			
DO NOT WRITE IN THIS SPACE			
2. Principal Place of Business 8460 S.W. 142nd St Suite, Apt., etc. N/A		3. Mailing Address Same Suite, Apt., etc.	
City & State Miami FL		City & State	
Zip 33158	Country USA	Zip	Country
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 SW 142nd St City Miami FL Zip Code 33158			
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 _____ (NOTE: Registered Agent signature required when remaining)			
January 1 - May 1 Fee is \$150.00 After May 1, Fee is \$550.00 Amended UBR is \$61.25 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 NAME STREET ADDRESS CITY - ST - ZIP	DP Messa, Robert 8460 SW 142nd St Miami FL 33158	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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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 on an attachment with an address, with all other like employment.			
SIGNATURE: _____ SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			
Date _____ Daytime Phone # _____			

CR2E034B (12/02)