

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 17, 2002 8:00 am
Secretary of State

04-17-2002 90102 048 ***150.00

1063557

DOCUMENT # M31170

1. Entity Name
GERSPER REALTY AND INVESTMENTS, INC.

Principal Place of Business 2500 MILITARY TRAIL SUITE 200 BOCA RATON FL 33431	Mailing Address 2500 MILITARY TRAIL SUITE 200 BOCA RATON FL 33431
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2. Principal Place of Business 101 Pineapple Grove Way Suite, Apt. #, etc.	3. Mailing Address 101 Pineapple Grove Way Suite, Apt. #, etc.
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DO NOT WRITE IN THIS SPACE

City & State Delray Beach, FL	City & State Delray Beach, FL	4. FEI Number 59-2793619	Applied For <input type="checkbox"/> Not Applicable
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Zip 33444	Country	Zip 33444	Country	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent FRICKE, HENRY 2500 MILITARY TRAIL SUITE 200 BOCA RATON FL 33431		7. Name and Address of New Registered Agent Name Fricke, Henry A. Street Address (P.O. Box Number is Not Acceptable) 101 Pineapple Grove Way City Delray Beach FL Zip Code 33444	
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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 *Henry A. Fricke* **Henry A. Fricke** DATE **3/1/02**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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 NAME STREET ADDRESS CITY-ST-ZIP	PD GERSPER, LAURA K. 2500 MILITARY TRAIL #200 BOCA RATON FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Pugliese, Laura K. 101 Pineapple Grove Way Delray Beach, FL 33444 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition of last name
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *Laura K. Pugliese* **REQUIRED** **Laura K. Pugliese** DATE **3/1/02** DAYTIME PHONE # **561-330-7000**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)