# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # M44897

1. Entity Name
G. D. KLIEGER, INC.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
01 DEC -5 PM 2:38

| Principal Place of Business | Mailing Address |
|---|---|
| 1909 HARRISON ST. | 1909 HARRISON ST. |
| SUITE 204 | SUITE 204 |
| HOLLYWOOD FL 33020 | HOLLYWOOD FL 33020 |
| US | US |

REINSTATEMENT

DO NOT WRITE IN THIS SPACE 01

| 2. Principal Place of Business | 3. Mailing Address |
|---|---|
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |
| City & State | City & State |
| Zip / Country | Zip / Country |

4. FEI Number 65-0000736 — Applied For / Not Applicable

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 |
|---|---|
| KLIEGER, GERSHON | Name |
| 8300 SW 92ND TERRACE | Street Address (P.O. Box Number is Not Acceptable) |
| MIAMI FL 33156 | City FL Zip Code |

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 GERSHON KLIEGER — Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) — DATE 12-3-01

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 $550.00
After September 12, 2001 Fee will be $750.00
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 | DPS ☐ Delete | TITLE | ☐ Change ☐ Addition |
| NAME | KLIEGER, GERSHON | NAME | 500004724445--9 |
| STREET ADDRESS | 1909 HARRISON ST STE 204 | STREET ADDRESS | -12/13/01--01019--018 |
| CITY-ST-ZIP | HOLLYWOOD FL | CITY-ST-ZIP | ****750.00 ****236.25 |
| TITLE | T ☐ Delete | TITLE | ☐ Change ☐ Addition |
| NAME | KLIEGER, GERSHON | NAME | 12/12 |
| STREET ADDRESS | 1909 HARRISON ST STE 204 | STREET ADDRESS | |
| CITY-ST-ZIP | HOLLYWOOD FL | CITY-ST-ZIP | |
| TITLE | ☐ Delete | TITLE | ☐ Change ☐ Addition |
| NAME | | NAME | |
| STREET ADDRESS | | STREET ADDRESS | |
| CITY-ST-ZIP | | CITY-ST-ZIP | |
| TITLE | ☐ Delete | TITLE | ☐ Change ☐ Addition |
| NAME | | NAME | |
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| TITLE | ☐ Delete | TITLE | ☐ Change ☐ Addition |
| NAME | | NAME | |
| STREET ADDRESS | | STREET ADDRESS | |
| CITY-ST-ZIP | | 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: SIGNATURE REQUIRED GERSHON KLIEGER — SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date 10/8/01 — Daytime Phone # 954-923-2111

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CR2E034 (5/01)