

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 13, 2003 8:00 am
Secretary of State

03-13-2003 90071 027 ***150.00

DOCUMENT # P00000001212

1. Entity Name

GEOLIZ DISCOUNT STORE INC.



Principal Place of Business
19726 N.W. 85TH COURT
MIAMI FL 33015

Mailing Address
19726 N.W. 85TH COURT
MIAMI FL 33015

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 **65-0971539**

Applied For
Not Applicable

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

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

VIVUELA
VIRELA, MARLENE R
19726 N.W. 85TH COURT
MIAMI FL 33015

Name
Street Address (P.O. Box Number is Not Acceptable)
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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when re-registering)

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PD VIVUELA	<input type="checkbox"/> Delete
NAME	VIRELA, MARLENE	
STREET ADDRESS	19726 N.W. 85TH COURT	
CITY-ST-ZIP	MIAMI FL 33015	
TITLE	VD	<input type="checkbox"/> Delete
NAME	FERNANDEZ, JOSE R	
STREET ADDRESS	19726 N.W. 85TH COURT	
CITY-ST-ZIP	MIAMI FL 33015	
TITLE	TD	<input type="checkbox"/> Delete
NAME	LAZO, FERMINA G	
STREET ADDRESS	19726 N.W. 85TH COURT	
CITY-ST-ZIP	MIAMI FL 33015	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
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STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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:

VIVUELA **01/11/2003** **827-9174**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)