

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 19, 2003 8:00 am**  
**Secretary of State**

03-19-2003 90102 004 \*\*\*150.00

**DOCUMENT # P00000045196**

**1. Entity Name**  
**GEJJ COMPANY**



**Principal Place of Business**  
**3155 WOKEECHOBEE RD**  
**HIALEAH FL 33012**

**Mailing Address**  
**21071 WOODSPRING AVE.**  
**BOCA RATON FL 33428**

**2. Principal Place of Business**  
**9261 S.W. 102 ST**

**3. Mailing Address**  
**9261 S.W. 102 ST**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**City & State**  
**MIAMI FLA**

**City & State**  
**MIAMI FLA**

**4. FEI Number** **65-1098454**

**Applied For**  
**Not Applicable**

**Zip** **33176** **Country**

**Zip** **33176** **Country** **U.S.A**

**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**

**ALAMARY, JACOB**  
**13651 SW 18TH STREET**  
**MIRAMAR FL 33027**

**Name** **GURI YAVNIELI**  
**Street Address (P.O. Box Number is Not Acceptable)**  
**9261 S.W. 102 ST**  
**City** **MIAMI** **FL** **Zip Code** **33176**

**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 reinstating)

**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** ☐ **\$5.00 May Be Added to Fees**  
**Trust Fund Contribution.**

**10. OFFICERS AND DIRECTORS**

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

**TITLE** **SD** ☐ **Delete**  
**NAME** **YAVNIELI, GURI**  
**STREET ADDRESS** **21071 WOODSPRING AVE**  
**CITY-ST-ZIP** **BOCA RATON FL 33428**

**TITLE** **YAVNIELI GURI** ☒ **Change** ☐ **Addition**  
**NAME** **9261 S.W. 102 ST**  
**STREET ADDRESS** **MIAMI FLA 33176**  
**CITY-ST-ZIP**

**TITLE** **TD** ☐ **Delete**  
**NAME** **SHAI, EU**  
**STREET ADDRESS** **21071 WOODSPRING AVE**  
**CITY-ST-ZIP** **BOCA RATON FL 33428**

**TITLE** ☐ **Change** ☐ **Addition**  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE** **PD** ☐ **Delete**  
**NAME** **SHAI, JACOB**  
**STREET ADDRESS** **21071 WOODSPRING AVE**  
**CITY-ST-ZIP** **BOCA RATON FL 33428**

**TITLE** ☐ **Change** ☐ **Addition**  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE** **VD** ☐ **Delete**  
**NAME** **ALAMARY, JACOB**  
**STREET ADDRESS** **13651 SW 18TH STREET**  
**CITY-ST-ZIP** **MIRAMAR FL 33027**

**TITLE** ☐ **Change** ☐ **Addition**  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE** ☐ **Delete**  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE** ☐ **Change** ☐ **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:** **GURI YAVNIELI** **Sec/Treas** **3/18/03 (305) 279-9918**  
**SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR** **Date** **Daytime Phone #**

0305071  
AV

CR2E034 (10/02)