## 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

## **DOCUMENT #**

P01000058951

1. Entity Name

GEOMIS INVESTMENTS, INC.



Feb 24, 2003 8:00 am Secretary of State 02-24-2003 90231 008 \*\*\*158.75

**FILED** 

			100	<u> </u>				
Principal Place of Business 320 SE 18TH STREET FORT LAUDERDALE FL 33316		Mailing Address 320 SE 18TH STREET FORT LAUDERDALE FL 3	3316					
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2. Principal Place of Business		3. Mailing Address						l I
Suite, Apt. #, etc.		Suite, Apt. #, etc.		_	☐ CHECK HERE IF MAKING CHANGES			
City & State		City & State		4.	4. FEI Number 65-1113493		Applied For	
Zip	Country	" Zip" " "	'Country =	5.	Certificate of Status Desired	r - \$8.75 /	Not Applicable Additional	
	6. Name and Address of Current Re	gistered Agent			. Name and Address of New Registe	Fee Requ	ired	4
CALLUT			Name		The registre	ered Agent	<del></del>	$\dashv$
	20, george r Jr 18th Street		Street Address (I		Box Number is Not Acceptable)	<del></del>	<del></del>	$\dashv$
FORT LAUDERDALE FL 33316								_
			City		·			
<ol> <li>The above named entity submits this statement for the purpose of changing its re the obligations of registered agent.</li> </ol>						FL Zip Co		
the obliga	tions of registered agent.	ie purpose or changing its r	egistered office or reg	istered a	gent, or both, in the State of Florida.	I am familiar witi	n, and accept	7
SIGNATURE								]
<u>j</u> :	Signature, typed or printed name of registered agent and	title if applicable. (NOTE:	Registered Agent signature rea	quired when	reinstating) D	PATE		
Afte	ILE NOW!!! FEE IS \$150.00 r May 1, 2003 Fee will be \$550.00 c Payable to Florida Department of St	rate			Election Campaign Financing     Trust Fund Contribution.		00 May Be	
10.	OFFICERS AND DIF	.i	11.		DDITIONS/CHANGES TO OFFICERS	AND DIRECTO		╛
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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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE BELLINGS
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER PO DIRECTOR

☐ Delete

2/10/03

(954) 467 · 8146 Daytine Phone #

☐ Change

Addition