

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000061355

1. Entity Name
GENERAL ECONOMICS CORPORATION

Principal Place of Business
1172 SOUTH DIXIE HIGHWAY #505
CORAL GABLES FL 33146-2918

Mailing Address
1172 SOUTH DIXIE HIGHWAY #505
CORAL GABLES FL 33146-2918

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

65-1128625

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

SAPP, NEIL C.
1172 SOUTH DIXIE HIGHWAY #505
CORAL GABLES FL 33146-2918

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

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

TITLE D
NAME SAPP, NEIL C. ☐ Delete
STREET ADDRESS 1172 SOUTH DIXIE HIGHWAY #505
CITY-ST-ZIP CORAL GABLES FL 33146-2918

TITLE D
NAME CAREY, JOHN C. ☐ Delete
STREET ADDRESS 3074 CENTER STREET
CITY-ST-ZIP MIAMI FL 33133

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PRESIDENT ☒ Change ☐ Addition
NAME SAPP, NEIL C.
STREET ADDRESS 7201 SW 47 CT
CITY-ST-ZIP MIAMI, FL 33143

TITLE VICE PRESIDENT ☒ Change ☐ Addition
NAME CAREY, JOHN C.
STREET ADDRESS 1400 ALBERCA ST.
CITY-ST-ZIP CORAL GABLES, FL 33134

TITLE VICE PRESIDENT ☐ Change ☒ Addition
NAME HAIRSTON, PETER, JR.
STREET ADDRESS 825 SOUTH ALHAMBRA CIRCLE
CITY-ST-ZIP CORAL GABLES, FL 33146

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

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

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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 address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

NEIL C. SAPP

4/15/02

Date

305/665-4370

Daytime Phone #

FILED
Jun 02, 2002 8:00 am
Secretary of State

04-30-2002 90023 031 ***150.00

DO NOT WRITE IN THIS SPACE

CR20034 (9/01)