

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 17, 2003 8:00 am
Secretary of State

03-17-2003 90690 027 ***150.00

DOCUMENT # P01000072762

1. Entity Name
GEEVATECH, INC.



Principal Place of Business
**6524 NW 55TH STREET
CORAL SPRINGS, FL 33067**

Mailing Address
**1876 NORTH UNIVERSITY DRIVE
SUITE #2006
PLANTATION, FL 33322 41**

2. Principal Place of Business

3. Mailing Address

6524 Northwest 55th street

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Coral Springs, Florida

Zip

Country

Zip

Country

33067-2710

USA

4. FEI Number

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

**SALINS, DENIS N
6524 NORTHWEST 55TH STREET
CORAL SPRINGS, FL 33067**

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]

Denis N. Salins

March 14, 2003

DATE

(Signature of registered agent required when changing)

(NOTE: Registered Agent signature required when changing)

FILED NOW! FEE IS \$10.00
After May 1, 2003 fee will be \$15.00
State 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

TITLE	P	☐ Delete
NAME	SALINS, DENIS N	
STREET ADDRESS	6524 NW 66TH STREET	
CITY-ST-ZIP	CORAL SPRINGS, FL 33067	
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		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

[Signature]

PRINT NAME AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

March 14, 2003

Date

954.241.1456

Daytime Phone #

CFR2034 (10/02)