

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

**FILED
Mar 20, 2002 8:00 am
Secretary of State**

03-20-2002 90064 039 ***150.00

DOCUMENT # P00000093131 ✓
1. Entity Name
GEOKEN INC.

DO NOT WRITE IN THIS SPACE

425912

2. Principal Place of Business
1. W. Camino Real
Suite, Apt. #, etc.
Suite: 118

3. Mailing Address
P.O. Box 970714
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE.

City & State
Boca Raton FL
Zip
33432
Country
USA

City & State
Boca Raton FL
Zip
33497
Country
USA

4. FEI Number
65-114-1494
Applied For
 Not Applicable

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

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7. Name and Address of Current Registered Agent
Name
Ken Zubay
Street Address (P.O. Box Number is Not Acceptable)
22845 Ironwedge Dr.
City, State, Zip
Boca Raton FL 33433

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

KJP
(NOTE: Registered Agent signature required when reinstating)

2/25/02
DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
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
NAME
STREET ADDRESS
CITY - ST - ZIP
**P Ken Zubay
22845 Ironwedge DR
Boca Raton, FL 33433**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**V George L. Palmer
22902 MISTY Woods way
Boca Raton, FL 33428**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

DO NOT WRITE IN THIS SPACE

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13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 on an attachment with an address, with all other like empowered.

SIGNATURE: KJP
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/25/02 (661)239-1531
Date Daytime Phone #

CR2E034B (12/01)