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

## DOCUMENT #

P01000105720



Apr 18, 2003 8:00 am Secretary of State 1. Entity Name 04-18-2003 90234 050 \*\*\*150.00 **GEVA I CORPORATION** Principal Place of Business Mailing Address 10374 BERMUDA DR. 10374 BERMUDA DR. **COOPER CITY FL 33026-4635** COOPER CITY FL 33026-4635 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. ☐ CHECK HERE IF MAKING CHANGES Applied For City & State City & State 4. FEI Number 65-1150334 Not Applicable Zip Country Country Zip \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name VASILAKIS, GEORGE Street Address (P.O. Box Number is Not Acceptable) 10374 BERMUDA DR. COOPER CITY FL 33026-4635 City 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, 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 9. Election Campaign Financing \$5.00 May Be After May 1, 2003 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. Change ☐ Addition TITLE TITLE ☐ Delete GEORGE VASILAKIS Vasilakis, George 10374 BERMUDA DRIVE NAME NAME 10374 BERMUDA DR. STREET ADDRESS STREET ADDRESS COOPER CAY, FL 33026-4636 COOPER CITY FL 33026-4635 CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition VASILIKI VASILAKIS VASILAKIS, VASILIKI NAME NAME 10374 BERMUDA DE. 10374 BERMUDA DR. STREET ADDRESS STREET ADDRESS WOPER CAY, FL 33026-4635 COOPER CITY FL 33026-4635 CITY-ST-ZIP CITY-ST-ZIP TITLE ر بيد. Delete . . . . TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Delete Change ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS

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

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

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FILED