

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000068913

Entity Name
GEIGER PRODUCTS INC.

FILED
Feb 15, 2000 8:00 am
Secretary of State
02-15-2000 90060 027 ***150.00

Principal Place of Business	Mailing Address
N. COUNTRY CLUB DR. FL 33180	3101 N. COUNTRY CLUB DR. #812 AVENTURA FL 33180-1616 US

Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State	City & State
Zip	Country

4. FEI Number	65-0521583	Applied For
		Not Applicable
5. Certificate of Status Desired	<input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
GEIGER, DANIEL 3101 N COUNTRY CLUB DR #812 N MIAMI BEACH FL 33180

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
City
FL
Zip Code

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, typed or printed name of registered agent and title if applicable.	(NOTE: Registered Agent signature required when reinstating)	DATE
This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)	<input type="checkbox"/>	
FILE NOW!!! FEE IS \$150.00 After MAY 1, 2000 Fee will be \$550.00 Make Check Payable to Department of State		10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees

OFFICERS AND DIRECTORS		12.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
P GEIGER, DANIEL 3101 N COUNTRY CLUB DR #812 N MIAMI BEACH FL 33180		NAME		
	<input type="checkbox"/> Delete	STREET ADDRESS		
		CITY-ST-ZIP		
	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
		NAME		
	<input type="checkbox"/> Delete	STREET ADDRESS		
		CITY-ST-ZIP		
	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
		NAME		
	<input type="checkbox"/> Delete	STREET ADDRESS		
		CITY-ST-ZIP		
	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
		NAME		
	<input type="checkbox"/> Delete	STREET ADDRESS		
		CITY-ST-ZIP		

3. 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 an address, with all other like empowered.

SIGNATURE:		Date	2-10-00	Daytime Phone #
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				

CR2E034 (9/99)