2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 06, 2001 08:00 AM
Secretary of State

DOCUMENT # **P94000075736**

1. Entity Name
GELLMAN PENSION SYSTEMS, INC.

Principal Place of Business	Mailing Address
5881 NW 151 ST. #101	5881 NW 151 ST. #101
MIAMI FL	MIAMI FL
33014 US	33014 US

2. Principal Place of Business	3. Mailing Address
1125 NE 125 STREET	1125 NE 125 STREET
Suite, Apt. #, etc.: SUITE 250	Suite, Apt. #, etc.: SUITE 250
City & State: NORTH MIAMI FL	City & State: NORTH MIAMI FL
Zip: 33161 Country: US	Zip: 33161 Country: US

DO NOT WRITE IN THIS SPACE

4. FEI Number: 65-0530129 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

GELLMAN THOMAS H
5881 NW 151 ST #101
MIAMI FL
33014 US

7. Name and Address of New Registered Agent

Name: GELLMAN THOMAS H
Street Address (P.O. Box Number is Not Acceptable): 1125 NE 125 STREET
SUITE 250
City: NORTH MIAMI FL Zip Code: 33161

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 ______________________ 01/06/2001
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, 2001 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		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	PD ☐ Delete	TITLE	PD ☒ Change ☐ Addition
NAME	GELLMAN THOMAS H	NAME	GELLMAN THOMAS H
STREET ADDRESS	21085 NE 34 AVENUE #306	STREET ADDRESS	1000 ISLAND BLVD., APT 702
CITY-ST-ZIP	N MIAMI BEACH FL 33180	CITY-ST-ZIP	AVENTURA FL 33160
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

CR2E034 (11/00)

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 an address, with all other like empowered.

SIGNATURE: Thomass H. Gellman Pres 01/06/2001
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #