

2000 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P95000000967**

1. Entity Name

G.E.N. TRUCKING & EQUIPMENT, INC.**FILED****May 02, 2000 8:00 am**
Secretary of State

05-02-2000 90157 043 ***150.00

Principal Place of Business

Mailing Address

**6702-A STIRLING RD
HOLLYWOOD FL 33024****6702-A STIRLING RD
HOLLYWOOD FL 33024-1844**

2. Principal Place of Business

Same

3. Mailing Address

Same

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0544437

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

**NIR, ERAN
1857 N.E. 186TH STREET
NORTH MIAMI BEACH FL 33179**

Name

Same

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

01-10-20009. 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, 2000 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	NAME	STREET ADDRESS	CITY-ST-ZIP
	PTSD		
	NIR, ERAN		
	1857 N.E. 186TH STREET		
	NORTH MIAMI BEACH FL 33179		

☐ Delete

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
	Vice-president		
	Gal Aloni		
	8861 SW 57th Street		
	Cooper City, FL 33328		

☐ Change ☒ Addition

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP

☐ Delete

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
	Vice-president		
	I.C. Investment Marketing, Inc.		
	13100 NW 11th Drive		
	Sunrise, FL 33323		

☐ Change ☒ Addition

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP

☐ Delete

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP

☐ Change ☐ Addition

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP

☐ Delete

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☐ Change ☐ Addition

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP

☐ Delete

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP

☐ Change ☐ Addition

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)