

# 2001 UNIFORM BUSINESS REPORT (UBR)

10/2

DOCUMENT # P95000020188

1. Entity Name

GELONI CORPORATION

FILED

02 APR 10 P11 1:19

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business  
841 NW 129th Ave  
Miami, Fl 33182

Mailing Address  
841 NW 128th Ave  
Miami, Fl 33182

2. Principal Place of Business  
9939 NW 89 Ave

3. Mailing Address  
C/O The Solano Group, P.A.

Suite, Apt. #, etc.  
Bay # 4

Suite, Apt. #, etc.  
782 NW 42 Ave Ste # 328

01-02 UBR  
DO NOT WRITE IN THIS SPACE

City & State  
MIAMI, Florida

City & State  
Miami, Florida

4. FEI Number  
65-0580841

Applied For  
Not Applicable

Zip Country  
33178

Zip Country  
33126

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

LOPEZ, GAMALIEL  
9939 NW 89 Ave  
Bay # 4  
Medley, Fl 33178

Name  
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

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 NAME STREET ADDRESS CITY-ST-ZIP	D Gamaliel E. Lopez 9939 NW 89th Ave # 4 Medley, Fl 33178	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Mildred T. Martinez 9939 NW 89 Ave # 4 Medley, Fl 33178	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

400005327004  
-04/23/02--01066--031  
\*\*\*\*300.00 \*\*\*\*300.00

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 Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Gamaliel E. Lopez Director

(305) 883-2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/00)

Attachment 1 Doc # P95000020188

2 of 2

GELONI CORPORATION

October 31, 2001

Department of State  
P.O. Box 6327  
Tallahassee, Fl 32314

Dear Sir or Madam:

As per telephone conversation with your department at (850) 488-9000 Reinstatement Section on today date, asking why our corporation is inactive if we do not receive any notification, we realize that our corporation have the old address and maybe for that reason we never receive the annual report to be filed.

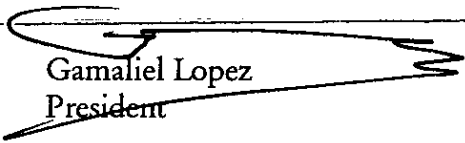
Following your instruction, please find a temporary form of the Annual Report with a check for \$150.00 together with this letter of explanation.

To avoid future losses on the mail please change our Mailing Address to:

C/O The Solano Group, P.A.  
782 NW 42<sup>nd</sup> Ave Suite # 328 Miami, Florida 33126

Thank you, for takes care our case. If you need additional information, do not hesitate to call us.

Sincerely,

  
Gamaliel Lopez  
President



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State

March 6, 2002

GELONI CORPORATION  
C/O THE SOLANO GROUP, P.A.  
782 N.W. 42 AVE., STE. 328  
MIAMI, FL 33126

SUBJECT: GELONI CORPORATION  
Ref. Number: P95000020188

We have received your document for GELONI CORPORATION and check(s) totaling \$150.00. However, your check(s) and document are being returned for the following:

Due to the nature of your letter, our office will consider waiving the reinstatement fee. Please make the following corrections:

The fee to bring the above listed corporation current through the year 2002 without penalty is \$300.00.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6059.

Michelle Milligan  
Document Specialist

Letter Number: 502A00013651