2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 02, 2001 8:00 am
Secretary of State
03-02-2001 90039 001 ***150.00

923696

DO NOT WRITE IN THIS SPACE

DOCUMENT # P95000065069

1. Entity Name
GEEL CORP.

Principal Place of Business	Mailing Address
~~14924 SW 104TH ST. UNIT 30~~ ~~MIAMI FL 33196~~ (New adress) 12901 SW 117 STReet Miami Florida 33186	~~14924 SW 104TH ST. UNIT 30~~ ~~MIAMI FL 33196~~ New adress 12901 SW 117 STReet Miami FL. 33186
2. Principal Place of Business: 12901 SW 117 STReet	3. Mailing Address:
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Miami FL.	City & State
Zip: 33186 Country: USA	Zip Country

4. FEI Number 65-0614057 ☐ 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
ESPOSITO, ANTONIETTA F (New adress) ~~14924 SW 104TH ST, UNIT #30~~ ~~MIAMI FL 33196~~ 12901 SW 117 STR Miami FL 33186	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 ☐ Delete ESPOSITO, ANTONIETTA F -> (new adress) ~~14924 SW 104TH ST, UNIT #30~~ 12901 SW 117 ST ~~MIAMI FL~~ Miami FL 33186	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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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: Antonietta Esposito 02-20-01 (3053823089)
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (10/00)