## FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

## FILED May 31, 2002 8:00 am Secretary of State

	UNIFORM BUSINI	ESS REPORT (I	UBR)	Secre	tary of State
DOCUMENT # P95000066905(7)  1. Entity Name				05-31-2002 90001 032 ***150.00	
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GERAN ENTERPRISES, INC					
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	DO NOT WRITE	IN THIS SPA	CE		
2. Principa	Place of Business	3. Mailing Address			
	o uw c Court	1 -	Court		
Suite, Ap	ot. #, etc.	Suite, Apt. #, etc.		DO NOT WRITE	E IN THIS SPACE
City & St	ate	City & State			
	JTATION , FL.	PLANTATION	, FL	4. FEI Number 65-0587530	Applied For
_ <u>Zip_</u> 33§	Country	Zip Co	ountry	· · · · · · · · · · · · · · · · · · ·	Not Applicable
	. 29	33324		5. Certificate of:Status Desired	Fee Required
			! Name	7. Name and Address of Current R	egistered Agent
	DO NOT WI	RITE	GER	ALD DROZE	
IN THIS SPACE			Street Address (P.O. Box Number is Not Acceptable)		
				- 144 6 COURT	<u> </u>
			City,		<del></del>
The above	e named onlike cubmits this		1 2	UOTATU	FL 33324
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SIGNATURE	Signature, typed or printed name of registered agent an		erea office or registere	d agent, or both, in the State of Florid	
SIGNATURE 9. This corp	Signature, typed or printed name of registered agent an oration is elicible to satisfy its Intancible	d tate if applicable. (NOTE: Register	ered office or registere	d agent, or both, in the State of Florid	da.
SIGNATURE  9. This corp Tax filing	Signature, typed or printed name of registered agent an oration is eligible to satisfy its Intangible requirement and elects to do so.	d late if applicable. (NOTE: Register  January 1 - May 1 F  After May 1, Fee	ered office or registere	d agent, or both, in the State of Florion the remstating)  10. Election Campaign Finan	DATE
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indicated on this report or supplied with this hing does not quality for the exemption stated in Section +19.07(3)(i), Florida Statutes. Hurther certify that the information indicated on this report or supplied with 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 on an attachment with an address, with all other like empowered.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #