

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 14, 2000 8:00 am
Secretary of State

02-14-2000 90043 023 ***150.00

DOCUMENT # P95000086670

1. Entity Name
GE REALTY, INC.

Principal Place of Business

6155 PINETREE DR
 MIAMI BEACH FL 33140
 US

Mailing Address

6155 PINETREE DR
 MIAMI BEACH FL 33140-2128
 US

2. Principal Place of Business

6155 Pinetree Drive
 Suite, Apt. #, etc.

3. Mailing Address

6155 Pinetree Drive
 Suite, Apt. #, etc.

City & State

MIAMI BEACH FLA.

City & State

MIAMI BEACH FL.

4. FEI Number

65-0619383

Applied For

Not Applicable

Zip

Country

Zip

Country

33140 USA.

33140 USA

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

KINGCADE, TIMOTHY S
1370 CORAL WY
MIAMI FL 33145

7. Name and Address of New Registered Agent

Name *KINGCADE, TIMOTHY S.*
 Street Address (P.O. Box Number is Not Acceptable)
1370 CORAL WAY
 City *MIAMI* FL Zip Code *33145*

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, 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

TITLE	DP	<input type="checkbox"/> Delete
NAME	GARCIA, ELDA	
STREET ADDRESS	6155 PINETREE DR	
CITY-ST-ZIP	MIAMI BEACH FL 33140	
TITLE	DVP	<input type="checkbox"/> Delete
NAME	GARCIA, ARISTIDES	
STREET ADDRESS	6155 PINETREE DR	
CITY-ST-ZIP	MIAMI BEACH FL 33140	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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: *Elda Garcia ELDA GARCIA*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/6/2000 305-861-1008

Date

Daytime Phone #

CR2E034 (9/99)