

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000028098

1. Entity Name

G.E.T.S. HOLDING CORP.

**FILED**  
**Apr 25, 2000 8:00 am**  
**Secretary of State**

04-25-2000 90122 036 \*\*\*150.00

Principal Place of Business

12200 PARK DRIVE  
COOPER CITY FL 33026

Mailing Address

12200 PARK DRIVE  
COOPER CITY FL 33311-4133

2. Principal Place of Business

2100 N. Ocean Blvd

3. Mailing Address

Suite, Apt. #, etc.

SAME

Suite, Apt. #, etc.

1001

City & State

FT. LAUDERDALE, FL

City & State

4. FEI Number

65-0733353

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

BARTOV, ELI  
12200 PARK DRIVE  
COOPER CITY FL 33026

Name

Street Address (P.O. Box Number is Not Acceptable)

2100 N. Ocean Blvd #1001

City

Ft. Lauderdale

FL

Zip Code

33305

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE CP ☐ Delete  
NAME BARTOV, ELI  
STREET ADDRESS 12200 PARK DR  
CITY-ST-ZIP COOPER CITY FL

TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS 2100 N. Ocean Blvd #1001  
CITY-ST-ZIP Ft. Lauderdale, FL 33305

TITLE ST ☐ Delete  
NAME BARTOV, SHARON  
STREET ADDRESS 12200 PARK DR  
CITY-ST-ZIP COOPER CITY FL

TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS 2100 N. Ocean Blvd #1001  
CITY-ST-ZIP Ft. Lauderdale, FL 33305

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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TITLE ☐ Delete  
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CITY-ST-ZIP

TITLE ☐ Change ☐ 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 or without other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/17/00

Date

(954) 583-7755

Daytime Phone #

CR2E034 (9/99)