

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

**FILED**  
**May 18, 2001 8:00 am**  
**Secretary of State**

05-18-2001 91554 026 \*\*\*150.00

PROFIT  
CORPORATION  
ANNUAL REPORT

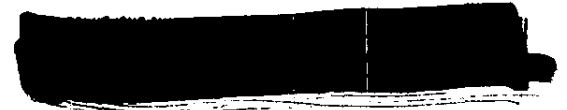
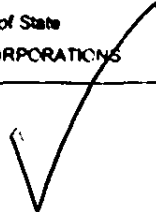


FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

2001

DOCUMENT # P96000028098

1. Corporation Name  
G.E.T.S. HOLDING CORP.



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

03/25/1996

4. FEI Number  
65-0733353

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution ☐

\$5.00 May Be  
Added to Fees

8. This corporation owes the current year Intangible  
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

21. 3650 NW 15 St  
Suite, Apt. #, etc.

22. City & State

23. Lauderdale Hill, FL

24. 33311 25. Country

2a. Mailing Address

26. Suite, Apt. #, etc.

27. City & State

28. Country

29. Zip

9. Name and Address of Current Registered Agent

BARTOV, ELI  
12200 PARK DRIVE  
COOPER CITY FL 33028

10. Name and Address of New Registered Agent

81. Name

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

83.

84. City

FL

85. Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and file if applicable

(NOTE: Registered Agent signature required when vacating)

DATE

12. OFFICERS AND DIRECTORS

TITLE CP ☐ DELETE

NAME BARTOV, ELI  
STREET ADDRESS 12200 PARK DR  
CITY-ST-ZIP COOPER CITY FL

TITLE ST ☐ DELETE

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

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other persons employed.

SIGNATURE:

SIGNATURE REQUIRED

4-27-01 (954) 583-7755