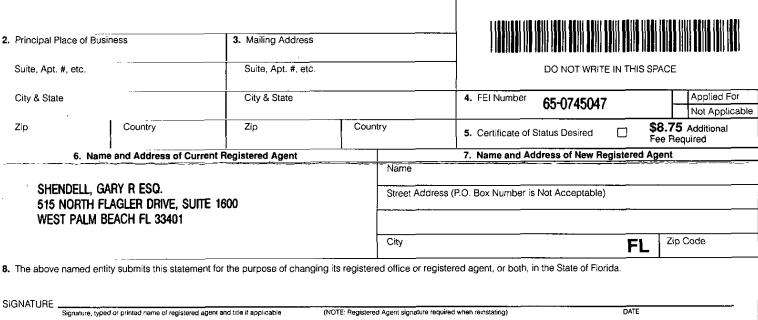
2000 UNIFORM BUSINESS REPORT (UBR) DOCUMENT # **P97000028309** GEVAS U.S., INC. Principal Place of Business Mailing Address 1181 SOUTH ROGERS CIRCLE, NO. 21 1181 SOUTH ROGERS CIRCLE, NO. 21 BOCA RATON FL 33487-2726 **BOCA RATON FL 33487** 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State

Zip

FILED Jan 28, 2000 8:00 am Secretary of State

01-28-2000 90148 026 ***150.00



FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. Change | Addition ☐ Delete TITLE TITLE GRETTER, CAROL NAME NAME STREET ADDRESS STREET ADDRESS 3301 HARRINGTON DR CITY-ST-ZIP CITY-ST-ZIP **BOCA RATON FL 33496** ☐ Addition TITLE ☐ Delete TITLE Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7iP ☐ Change ☐ Addition TITLE TITLE ☐ Defete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME

Country

Name

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.

CITY-ST-7/P

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

City & State

Country

515 NORTH FLAGLER DRIVE, SUITE 1600

SHENDELL, GARY R ESQ.

WEST PALM BEACH FL 33401

6. Name and Address of Current Registered Agent

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

Zip

SIGNATURE.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/99)