

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000000500

1. Entity Name

MARTIN & GERAGI, P.A.

Principal Place of Business

4145 NW 58TH LANE
BOCA RATON FL 33496

Mailing Address

4145 NW 58TH LANE
BOCA RATON FL 33496

2. Principal Place of Business

551 NW 77th St.

3. Mailing Address

551 NW 77th St.

Suite, Apt. #, etc.

Ste. 211

City & State

BOCA RATON, FL

Zip

33487

Country

USA

City & State

BOCA RATON, FL

Zip

33487

Country

USA

City & State

BOCA RATON, FL

Zip

33487

Country

USA

6. Name and Address of Current Registered Agent

MARTIN, DEBORAH ESQ.
4145 NW 58 LANE
BOCA RATON FL 33496

7. Name and Address of New Registered Agent

Name DEBORAH S. MARTIN
Street Address (P.O. Box Number is Not Acceptable)
551 NW 77th St.
Ste. 211
City BOCA RATON, FL Zip Code 33487

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]

(NOTE: Registered Agent signature required when reinstating)

4-30-01

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, 2001 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	VSD	<input type="checkbox"/> Delete
NAME	MARTIN, DEBORAH S	
STREET ADDRESS	4145 NW 58TH LN	
CITY-ST-ZIP	BOCA RATON FL 33496	
TITLE	PTD	<input type="checkbox"/> Delete
NAME	GERAGI, CHARLES J	
STREET ADDRESS	4145 NW 58TH LN	
CITY-ST-ZIP	BOCA RATON FL 33496	
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		
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	
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:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

VICE-PRESIDENT

DEBORAH MARTIN

4-30-01

561-998-1881

Date

Daytime Phone #

FILED
May 10, 2001 8:00 am
Secretary of State

05-10-2001 90226 020 ***150.00



DO NOT WRITE IN THIS SPACE

CR2E034 (10/00)