

2001 UNIFORM BUSINESS REPORT (UBR)

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

05-10-2001 90226 020 ***150.00

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
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 551 NW 77th St. Suite, Apt. #, etc. Ste. 211	3. Mailing Address 551 NW 77th St.
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City & State BOCA RATON, FL	City & State
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4. FEI Number 65-0814051	Applied For <input type="checkbox"/> Not Applicable
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Zip 33487	Country USA	Zip	Country
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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

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

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

DATE **4-30-01**

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, 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD MARTIN, DEBORAH S 4145 NW 58TH LN BOCA RATON FL 33496 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD GERAGI, CHARLES J 4145 NW 58TH LN BOCA RATON FL 33496 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: **VICE-PRESIDENT**
DEBORAH MARTIN 4-30-01 501-998-1881
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)