

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 17, 2002 8:00 am**  
**Secretary of State**

02-17-2002 90080 016 \*\*\*150.00

**DOCUMENT # P98000032244**

1. Entity Name  
**GSF COMPUTERS, INC.**

Principal Place of Business

**12363 NW 27 PLACE  
 CORAL SPRINGS FL 33065**

Mailing Address

**12363 NW 27 PLACE  
 CORAL SPRINGS FL 33065**

2. Principal Place of Business

**11281 NW 33 St**

Suite, Apt. #, etc.

3. Mailing Address

**11281 NW 33 St**

Suite, Apt. #, etc.

City & State

**Coral Springs FL**

City & State

**Coral Springs FL**

Zip

**33065**

Country

**USA**

Zip

**33065**

Country

**USA**

4. FEI Number **65-0827567**

Applied For

Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**FEDERMAN, GREGORY S**

**12363 NW 27 PLACE**

**CORAL SPRINGS FL 33065**

7. Name and Address of New Registered Agent

Name

**Greg Federman**

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

**11281 NW 33rd Street**

City

**Coral Springs**

FL

Zip Code

**33065**

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]*

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

(NOTE: Registered Agent signature required when reinstating)

**1/28/02**

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, 2002 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 **D** ☐ Delete  
 NAME **FEDERMAN, GREGORY S**  
 STREET ADDRESS **12363 NW 27 PLACE**  
 CITY-ST-ZIP **CORAL SPRINGS FL 33065**

TITLE **D** ☐ Delete  
 NAME **FEDERMAN, ANNA R**  
 STREET ADDRESS **12363 NW 27 PLACE**  
 CITY-ST-ZIP **CORAL SPRINGS FL 33065**

TITLE **D** ☐ Delete  
 NAME **FEDERMAN, JEANETTE M**  
 STREET ADDRESS **14750 NW 16 ST.**  
 CITY-ST-ZIP **DAVE FL 33025**

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **President** ☒ Change ☐ Addition  
 NAME **Gregory S. Federman**  
 STREET ADDRESS **11281 NW 33rd Street**  
 CITY-ST-ZIP **Coral Springs, FL 33065**

TITLE **Treasurer, Sec.** ☒ Change ☐ Addition  
 NAME **ANNA Federman**  
 STREET ADDRESS **11281 NW 33rd**  
 CITY-ST-ZIP **Coral Springs, FL 33065**

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

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

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 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 all other like empowered.

SIGNATURE:

*[Signature]* **REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**1/28/02**

Date

Daytime Phone #

CR2E034 (9/01)