

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000061242

1. Entity Name

GETEK CORPORATION

Principal Place of Business

461 KIRK ROAD, BLDG. #1-D
WEST PALM BEACH FL

Mailing Address

461 KIRK ROAD, BLDG. #1-D
WEST PALM BEACH FL

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0847789

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE



01 JUL 20 PM 3:45

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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6. Name and Address of Current Registered Agent

ANGOWITZ, HOWARD I
461 KIRK ROAD, BLDG. #1-D
WEST PALM BEACH FL

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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, 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 \$550.00
After September 12, 2001 Fee will be \$750.00
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	<input checked="" type="checkbox"/> Delete
NAME	HAVER, HORST	
STREET ADDRESS	461 KIRKROAD, BUILDING #1-D	
CITY-ST-ZIP	WEST PALM BEACH FL 33406	
TITLE	PD	<input type="checkbox"/> Delete
NAME	HAVER, MARLIS	
STREET ADDRESS	461 KIRK RD 1-D	
CITY-ST-ZIP	WEST PALM BEACH FL 33406	
TITLE	D	<input type="checkbox"/> Delete
NAME	FREEMAN, ELIZABETH	
STREET ADDRESS	461 KIRK RD 1-D	
CITY-ST-ZIP	WEST PALM BEACH FL 33406	
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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FREIMANN, Elisabeth	
STREET ADDRESS	461 KIRK ROAD 1-D	
CITY-ST-ZIP	WEST PALM BEACH, FL 33406	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MARKUS HAVER	
STREET ADDRESS	461 KIRK ROAD 1-D	
CITY-ST-ZIP	WEST PALM BEACH, FL 33406	
TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HAVER, OLIVER	
STREET ADDRESS	461 KIRK ROAD 1-D	
CITY-ST-ZIP	WEST PALM BEACH, FL 33406	
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:

Elisabeth Freimann
Elisabeth Freimann

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7-3-2001 561-683-5448
Date Daytime Phone #

CP2E034 (5/01)



Attachment
of PA 8000061242
pg 2 of 2

3300 P.G.A. Boulevard Suite 990
Palm Beach Gardens, FL 33410
561.799.3810
fax 561.799.1818

July 16, 2001

Division of Corporations
Uniform Business Report Filings
PO Box 1500
Tallahassee, FL 32302-1500

Re: GETEK CORPORATION
Doc. #P98000061242

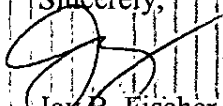
Dear Sir or Madam:

I am writing this letter on behalf of my client mentioned above. Please be advised that my client, Horst Hafer, passed away. Because of his sudden death, many items were left incomplete. With this in mind I respectfully request that the late fees be waived and you accept the enclosed check for \$150.00 for the filing fees. Also enclosed you will find a completed UBR with the necessary changes.

If you have any questions, or need to speak with my client or myself, please do not hesitate to call.

Thank you for your cooperation in this matter.

Sincerely,


Jay B. Fischer
Accountant