

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000091110

1. Entity Name

GEONT, INC.

Principal Place of Business

3502 N POWERLINE RD  
POMPANO BCH FL 33069  
US

Mailing Address

3502 N POWERLINE RD  
POMPANO BCH FL 33069  
US

2. Principal Place of Business

SCAM

Suite, Apt. #, etc.

City & State

SCAM

Zip

11

Country

SCAM

3. Mailing Address

SCAM

Suite, Apt. #, etc.

City & State

SCAM

Zip

SCAM

Country

SCAM

6. Name and Address of Current Registered Agent

DRUCKER, GARY J  
2300 GLADES ROAD SUITE 400 EAST  
BOCA RATON FL 33431

Name

ABOU ZAMEL

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

3502 N power Line Rd

pompano Beach

City

pompano Beach

FL

Zip Code

33069

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

05/01/001

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 NAME STREET ADDRESS CITY-ST-ZIP	DPT ABOU, ZAMEL 1050 N.W. 1 AVENUE BAY #30 BOCA RATON FL 33432	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SDV ODINOKOV, YURIY Y OKHOTNY RIAD, B412 RUSSIA 103159 MOSCOW	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPT ABOU, ZAMEL 3502 N power Line Rd pompano Beach FL 33069	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

05/01/001

Date

Daytime Phone #

**FILED**  
**Jun 19, 2001 8:00 am**  
**Secretary of State**

05-16-2001 90209 019 \*\*\*150.00



DO NOT WRITE IN THIS SPACE

CR2E034 (10/00)