FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

FILED

03 APR 28 AM 9:19

SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # P99000013551

1. Entity Name

Gepard Impex, Inc.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
209 N Fort Lauderdale Bch Blvd	209 N Fort Lauderdale Bch Blvd
Suite, Apt. #, etc.: 16B	Suite, Apt. #, etc.: 16B
City & State: Fort Lauderdale, Florida	City & State: Fort Lauderdale. Florida
Zip: 33304 Country: Broward	Zip: 33304 Country: Broward

DO NOT WRITE IN THIS SPACE

4. FEI Number 52-2150572 ☐ Applied For ☐ Not Applicable

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

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: Gorgisheli, Malkhaz

Street Address (P.O. Box Number is Not Acceptable): 209 N. Fort Lauderdale Bch. Blvd. #16B

City: Fort Lauderdale FL Zip Code: 33304

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: _____ / Gorgisheli, Malkhaz / 4-22-03

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

January 1 - May 1 Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	President	TITLE	600015443316
NAME	Gorgisheli, Malkhaz	NAME	04/08/03--01002--016 **600.00
STREET ADDRESS	209 N Fort Lauderdale Bch Blvd #16B	STREET ADDRESS	
CITY-ST-ZIP	Fort Lauderdale, Florida 33304	CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
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CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	**DO NOT WRITE**
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CITY-ST-ZIP		CITY-ST-ZIP	

CR2E034B (12/02)

12. 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 10 or on an attachment with an address, with all other like empowered.

SIGNATURE: _____ 4-2-03

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

gr 4/25

March 26, 2003

Secretary
Division of Corporations
P. O. Box 6327
Tallahassee Fl 32314-
Attn. Reinstainment Department
Re: Document # P99000013551

Dear Sir or Madam:

Enclosed please find a check payable to Department of State in the amount of $600 representing the balance due for tax years 2000, 2001, 2002 and 2003.

Please waive the reinstatement fee due to the fact that we never received 1st and 2nd notice, since our address has changed. The new and correct address is 209 N Fort Lauderdale beach Blvd Apt 16B, Fort Lauderdale Fl 33304. The old address was 1 Las Olas Circle Apt 915, Fort Lauderdale Fl 33316.

Sincerely

Malkhaz Gorgisheli