

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000054884

1. Entity Name

GK GERONYMO, INC.

Principal Place of Business

6423 COLLINS AVE., STE. 1706  
MIAMI BEACH FL 33140

Mailing Address

6423 COLLINS AVE., STE. 1706  
MIAMI BEACH FL 33140

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip 33140

Country

Zip 33140

Country

6. Name and Address of Current Registered Agent

GERONYMO, KAREN  
6423 COLLINS AVE., STE. 1706  
MIAMI BEACH FL 33140

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code 33140

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 \$150.00**  
**After MAY 1, 2000 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 GERONYMO, KAREN  
STREET ADDRESS 6423 COLLINS AVE., STE. 1706  
CITY-ST-ZIP MIAMI BEACH FL 33140

TITLE D ☐ Delete  
NAME GERONYMO, GINE  
STREET ADDRESS 6423 COLLINS AVE., STE. 1706  
CITY-ST-ZIP MIAMI BEACH FL 33140

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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 ☐ 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

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: K

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

00 SEP 26 AM 9:29



DO NOT WRITE IN THIS SPACE

4. FEI Number 650925829

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

September 13, 2000

Ms. Beyer,

I am enclosing a check for \$150 for my corporate annual report. As you may recall from our conversation, I did not receive the paperwork to file this report. I was made aware of this by my accountant who questioned me yesterday as to whether I had sent this in. This being my first year in business as a corporation, I was unaware of the need to file this report.

Please check my address, it should read:

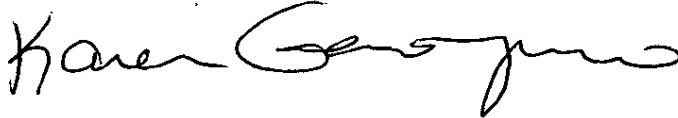
GK Geronymo, Inc.

6423 Collins Ave. 1706

Miami Beach, FL 33140

If you have any questions, please contact me at (305) 861-5061.

Thank you very much for your assistance,

A handwritten signature in cursive script, appearing to read "Karen Geronymo".

Karen Geronymo  
FEIN 650925829