

2000 UNIFORM BUSINESS REPORT (UBR)

6/

DOCUMENT # **S 54031**

1. Entity Name

G. E. L. Building, Inc.

FILED
Aug 25, 2000 8:00 am
Secretary of State

08-03-2000 90029 045 ***150.00

Principal Place of Business

Mailing Address

P.O. Box 17560
Plantation, FL 33318

2. Principal Place of Business

3. Mailing Address

Broward County

P.O. Box 17560

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

City & State

Plantation FL 33318

4. FEI Number

63-0253057

Applied For

Not Applicable

Zip

Country

Zip

Country

33318

Broward

33318

Broward

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Steven Lomastro
P.O. Box 17560
Plantation, FL 33318

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

Steven Lomastro

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 \$350.00

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
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CITY-ST-ZIP	

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
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TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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 empowerments.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Steven Lomastro

Date

Daytime Phone #

7/29/00 954-915-0062

CR2E034 (9/99)

(attachment
Doc# 554031)
[REDACTED]
107908

STEVE LAMASTRO
G.E.P.L
PO BOX 17560
PLANTATION, FL 33318

Request taken by: yfisher
07-20-2000

The forms you recently requested from this office are:

- (1) 201. COR Profit A/R

Should you have any questions or need any further information,
please contact us at the address below:

~~Division of Corporations~~ ~~P.O. BOX 6327~~ Tallahassee FL 32314

*I never received the form.
the form*