FILED

2004 UNIFORM BUSINESS REPORT (UBR)

Jul 02, 2001 8:00 am **DOCUMENT # \$54031** Secrétary of State 1. Entity Name 07-02-2001 90165 033 ***150.00 G. E. L. BUILDING INC. Principal Place of Business Mailing Address PO BOX 17560 PO BOX 17560 PLANTATION FL 33318 SUITE 206 PLANTATION FL 33318 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. City & State City & State 4. FEI Number Applied For 65-0253057 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent سج جرانے منظم LOMASTRO, STEVEN Street Address (P.O. Box Number is Not Acceptable) 2066 SW 81ST WAY DAVIE FL 33324 City 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_ (NOTE: Registered Agent signature required when reinstating) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. TITLE TITLE ☐ Addition Delete NAME STEVEN LAMASTRO NAME STREET ADDRESS 2601 S.W. 797H AVE, STE. 206 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DAVIE FL ☐ Delete TITLE TITLE ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Delete TITLE ☐ Change NAME----NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition TITLE ☐ Delete TITLE ☐ Change NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change Addition STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete Addition STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 within address, with all other like empowered.

Doc. \$\{\square{554031}\}



C. E. L. Building Inc.

To Whom It May Concern,
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The reason for the lake
payment is because
payment is because of the paperwork being Sent to the wrong address The address
sent to the wrong
address The address
-Correction is mode on -
the Socurents.