

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 19, 2002 8:00 am
Secretary of State

05-19-2002 90072 032 ***150.00

DOCUMENT # V06837

1. Entity Name

GEOSURVEY EQUIPMENT, CORPORATION

Principal Place of Business

~~77-11 35TH AVE., 1K
 JACKSON HEIGHTS NY 11372
 US~~

Mailing Address

~~77-11 35TH AVE., 1K
 JACKSON HEIGHTS NY 11372
 US~~

2. Principal Place of Business

89-19 171 Steel
 Suite, Apt. #, etc.
5 W

3. Mailing Address

89-19 171 Steel
 Suite, Apt. #, etc.
5W

City & State

Jamaica N.Y.

City & State

Jamaica NY

Zip

11432

Country

Zip

11432

Country

4. FEI Number

65-0308481

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

GAVILANES, ZORAIDA
6991 N.W. 50TH STREET
MIAMI FL 33166

7. Name and Address of New Registered Agent

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

Roy de Carlos

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

4-20-02

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, 2002 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 **PSTD** ☒ Delete
 NAME **PINTO, FELIX**
 STREET ADDRESS ~~77-11 35TH AVE., 1K~~
 CITY-ST-ZIP ~~JACKSON HEIGHTS NY 11372~~

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PSTD** ☒ Change ☐ Addition
 NAME **Pinto Felix**
 STREET ADDRESS **89-19 171 Steel 5W**
 CITY-ST-ZIP **Jamaica N.Y. 11432**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-20-02

Date

2972766

Daytime Phone #

CR2E034 (9/01)