

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 07, 2001 8:00 am
Secretary of State

03-07-2001 90005 025 ***158.75

DOCUMENT # V73359

1. Entity Name

GERFALCON LIMITED, INC.

Principal Place of Business

Mailing Address

4073 NW 2ND LANE
 DELRAY BEACH FL 33445
 US

4073 NW 2ND LANE
 DELRAY BEACH FL 33445
 US

2. Principal Place of Business

3. Mailing Address

6020 N. FED. HWY.
 FEDERAL HWY, BOCA RATON, FL 33487

P.O. Box 3805
 BOCA RATON, FL 33427

Suite, Apt. #, etc.

Suite, Apt. #, etc.

#2

P.O. Box-3805

City & State

City & State

BOCA RATON FL.

BOCA RATON - FL.

Zip

Country

Zip

Country

33487 US

33427 US

4. FEI Number 59-3314421

Applied For

Not Applicable

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

MERHI, ELIE
 4073 NW 2 LN
 DELRAY BCH FL 33445

Name JOSEPH MERHI

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

663 DOVER ST.

City

BOCA RATON

FL

Zip Code

33487

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

JOSEPH MERHI

(NOTE: Registered Agent signature required when reinstating)

1-22-2001

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, 2001 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	P	☒ Delete
NAME	MERHI, ELIE	
STREET ADDRESS	630 E ATLANTIC AVE	
CITY-ST-ZIP	DELRAY BCH FL 33483	
TITLE		☐ Delete
NAME	1	
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		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P/D + ASSISTANT SECRETARY	☐ Change ☐ Addition
NAME	JOSEPH MERHI	
STREET ADDRESS	663 DOVER ST.	
CITY-ST-ZIP	BOCA RATON FL 33487	
TITLE	T/D	☐ Change ☒ Addition
NAME	ANTONY V. COVIELLO	
STREET ADDRESS	6020 N. FED. HWY, #2	
CITY-ST-ZIP	BOCA RATON, FL 33487	
TITLE	S/D	☐ Change ☒ Addition
NAME	ROCCO COVIELLO	
STREET ADDRESS	6020 N. FED. HWY, #2	
CITY-ST-ZIP	BOCA RATON, FL 33487	
TITLE	V/D	☒ Change ☐ Addition
NAME	ELIE MERHI	
STREET ADDRESS	6020 N. FED. HWY, #2	
CITY-ST-ZIP	BOCA RATON, FL 33487	
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:

JOSEPH MERHI-P

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)