

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # M97534

1. Entity Name

GARRI KATZ, INC.

FILED
Jun 12, 2000 8:00 am
Secretary of State

06-12-2000 90037 013 ***150.00

Principal Place of Business

Mailing Address

RYDER CUP CIR
BEACH GARDENS FL 33418

704 RYDER CUP CIR
PALM BEACH GARDENS FL 33418-8410
US

Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 65-0067449

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

Name

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

City

FL

Zip Code

BASS, DONALD L
7166 S.E. OSPREY STREET
HOBE SOUND FL 33455

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

(NOTE: Registered Agent signature required when reinstating)

DATE

8. 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

OFFICERS AND DIRECTORS

12.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

D
KATZ, GARRI
704 RYDER CUP CIRCLE
PALM BEACH GRDNS FL

☐ Delete

TITLE

NAME

STREET ADDRESS

CITY- ST- ZIP

☐ Change

☐ Addition

☐ Delete

TITLE

NAME

STREET ADDRESS

CITY- ST- ZIP

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TITLE

NAME

STREET ADDRESS

CITY- ST- ZIP

☐ Change

☐ Addition

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date


Daytime Phone #

GARRI KATZ 4.20.00 (561) 622-5786

CR2E034 (9/99)

DOC# M97534

Attachment 662273

| | | |
|--|-----------------------------|--|
| GARIK KATZ OR SONIA KATZ 704 Ryder Cup Circle S. Palm Bch Gardens, FL 33418 | | 2486 |
| DATE <u>4.21.2020</u> | | 63-643/670 BRANCH 00655 |
| PAY TO THE ORDER OF | FLORIDA DEPARTMENT OF STATE | \$ <u>150.00</u> |
| FIRST UNION First Union National Bank R/T 067006432 | | DOLLARS  Security features are included. Details on back. |
| FOR _____ | | Performance Banking® |
| MP <u>Receivd</u> | | |
| ⑆067006432⑆⑆165530095429⑆ 2486 | | |

HARLAND 1996

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