## 2002 UNIFORM BUSINESS REPORT (UBR)

## May 01, 2002 8:00 am Secretary of State M97534 DOCUMENT # 1. Entity Name GARRI KATZ, INC. 05-01-2002 91587 047 \*\*\*150.00 Principal Place of Business Mailing Address 704 RYDER CUP CIR 704 RYDER CUP CIR PALM BEACH GARDENS FL 33418 PALM BEACH GARDENS FL 33418 UŞ 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. . DO NOT WRITE IN THIS SPACE \_City & State City & State 4. FEI Number Applied For -65-0067449 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name BAŞS, DONALD L Street Address (P.O. Box Number is Not Acceptable) 7166 S.E. OSPREY STREET HOBE SOUND FL 33455 City 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 Signature, typed or printed name of registered agent and title if applicable (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 Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 \$5.00 May Be (See criteria on back) Trust Fund Contribution. Make Check Payable to Department of State Added to Fees 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete TITLE ☐ Change ☐ Addition KATZ, GARRI NAME NAME 704 RYDER CUP CIRCLE STREET ADDRESS STREET ADDRESS PALM BEACH GRONS FL CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE □ Delete ☐ Addition NAME 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 with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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