

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 23, 2001 8:00 am
Secretary of State

04-23-2001 90122 002 ***150.00

DOCUMENT # P00296

1. Entity Name
GARELICK MFG. CO.

Principal Place of Business 644 SECOND ST. ST. PAUL PARK MN 55071	Mailing Address 644 SECOND ST. ST. PAUL PARK MN 55071
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00032899



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address		4. FEI Number 41-0775702		Applied For	
Suite, Apt. #, etc.		Suite, Apt. #, etc.				Not Applicable	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
Zip	Country	Zip	Country				

6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent							
KOHN, ROBERT M 7151 - 114TH AVENUE NORTH SUITE 1500 LARGO FL 34643				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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/>	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. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	CD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GARELICK, SAUL S.		NAME		
STREET ADDRESS	644 SECOND ST.		STREET ADDRESS		
CITY-ST-ZIP	ST. PAUL PARK MN		CITY-ST-ZIP		
TITLE	PS	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GARELICK, KENNETH D.		NAME		
STREET ADDRESS	644 SECOND ST.		STREET ADDRESS		
CITY-ST-ZIP	ST. PAUL PARK MN		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GARELICK, HERBERT J.		NAME		
STREET ADDRESS	644 SECOND ST.		STREET ADDRESS		
CITY-ST-ZIP	ST. PAUL PARK MN		CITY-ST-ZIP		
TITLE	V	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GARELICK, RICHARD J		NAME		
STREET ADDRESS	644 2ND STR		STREET ADDRESS		
CITY-ST-ZIP	ST PAUL MARK MN		CITY-ST-ZIP		
TITLE	V	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CORONIS, LEWIS H		NAME		
STREET ADDRESS	644 2ND STR		STREET ADDRESS		
CITY-ST-ZIP	ST PAUL PARK MN		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			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: Levin H. Coronis Date: 1/4/01 Daytime Phone #: 651/459-9795

CR2E034 (10/00)