

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Apr 16, 2001 8:00 am
Secretary of State

04-16-2001 90002 031 ***150.00

DOCUMENT # P00000066360

1. Entity Name

CANDEE G.P. INC.

Principal Place of Business

7000 WEST PALMETTO PARK ROAD SUITE 200
BOCA RATON FL 33433

Mailing Address

7000 WEST PALMETTO PARK ROAD SUITE 200
BOCA RATON FL 33433

2. Principal Place of Business

700 S. Federal Hwy.
Suite 200-SZG
Boca Raton, FL 33432

3. Mailing Address

700 S. Federal Hwy.
Suite 200-SZG
Boca Raton, FL 33432



DO NOT WRITE IN THIS SPACE

4. FEI Number

65103500A

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

GARELLEK, STEVEN
7000 WEST PALMETTO PARK ROAD SUITE 200
BOCA RATON FL 33433

Name

Street Address

Garellek, Steven
700 S. Federal Hwy., Suite 200
Boca Raton, FL 33432

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

Morton Candee

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

(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) ☐

FILE NOW!!! FEE IS \$150.00
Tax filing requirement and elects to do so.
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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PRESIDENT
MORTON CANDEE
63 A EASTGATE DR.
BOYNTON BEACH, FL 33436** ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

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CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
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STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

Morton Candee

Date

3/17/01

Daytime Phone #

561-736-6517

CR2E034 (10/00)