

# 2001 UNIFORM BUSINESS REPORT (UBR)

5/3

**FILED**

**Jun 02, 2001 8:00 am**  
**Secretary of State**

05-03-2001 90033 039 \*\*\*150.00

**DOCUMENT # P00000059751**

1. Entity Name

**AMERICAN STOCKROOM 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

65-1046324

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name  
Street Address Garellek, Steven  
700 S. Federal Hwy., Suite 200  
Boca Raton, FL 33432  
City Ip 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)

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	PYST	<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PYST	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Abraham Ohayon	
STREET ADDRESS	16503 NE 27th Place	
CITY-ST-ZIP	N. Miami Beach, FL 33160	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2034 (10/00)