

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 11, 2001 8:00 am
Secretary of State

0001481

DOCUMENT # 705947

1. Entity Name

GARDEN TERRACE APTS. NO. 6, INC.

04-11-2001 90012 039 ****61.25

Principal Place of Business 1400 S. 19TH AVE. HOLLYWOOD FL 33020-6361	Mailing Address 1400 S. 19TH AVE. HOLLYWOOD FL 33020-6361
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.	Suite, Apt. #, etc.		
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number 59-2949190	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

O'DONNELL, CLARA
 1400 S. 19TH AVE.
 HOLLYWOOD FL 33020

7. Name and Address of New Registered Agent

Name: **JOSEPHINE RAUCKINAS**
 Street Address (P.O. Box Number is Not Acceptable): **1400 S 19 AVE.**
 City: **HOLLYWOOD** FL Zip Code: **33020**

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: **JOSEPHINE RAUCKINAS - TREAS.** *Josephine Rauckinas* DATE: **4/3/01**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW: FEE IS \$61.25	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees	Make Check Payable to Department of State
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10. OFFICERS AND DIRECTORS

TITLE NAME VPD TOMASELLI, OLLIE	STREET ADDRESS 1400 S. 19 AVENUE HOLLYWOOD FL	<input checked="" type="checkbox"/> Delete
TITLE NAME PD LUCANIA, VIRGINIA	STREET ADDRESS 140 S. 19TH AVE., #8 HOLLYWOOD FL	<input checked="" type="checkbox"/> Delete
TITLE NAME TD O'DONNELL, C	STREET ADDRESS 1400 S 19TH AVE HOLLYWOOD FL	<input checked="" type="checkbox"/> Delete
TITLE NAME SD TOMASELLO, OLLIE	STREET ADDRESS 1400 S 19TH AVE HOLLYWOOD FL	<input checked="" type="checkbox"/> Delete
TITLE NAME	STREET ADDRESS	<input type="checkbox"/> Delete
TITLE NAME	STREET ADDRESS	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME VPD BENSON, RICHARD	STREET ADDRESS 1400 S 19 AVE HOLLYWOOD, FLA. 33020	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME PD DI BIASE, SHIRLY	STREET ADDRESS 1400 S 19 AVE HOLLYWOOD FLA 33020	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME TP RAUCKINAS, JOSEPHINE	STREET ADDRESS 1400 S 19 AVE HOLLYWOOD, FLA 33020	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME SD RAUCKINAS, JOSEPHINE	STREET ADDRESS 1400 S 19 AVE HOLLYWOOD FLA. 33020	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME	STREET ADDRESS	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME	STREET ADDRESS	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Josephine Rauckinas* DATE: **4/3/01**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (10/00)