


**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 21, 2003 8:00 am
Secretary of State

04-21-2003 90418 038 ****61.25

DOCUMENT # 705947

1. Entity Name
GARDEN TERRACE APTS. NO. 6, INC.



Principal Place of Business
**1400 S. 19TH AVE.
HOLLYWOOD FL 33020-6361**

Mailing Address
**1400 S. 19TH AVE.
HOLLYWOOD FL 33020-6361**

2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

City & State

Zip Country



CHECK HERE IF MAKING CHANGES

4. FEI Number **59-2949190** Applied For Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

RAUCKINAS, JOSEPHINE
1400 S. 19TH AVE.
HOLLYWOOD FL 33020

7. Name and Address of New Registered Agent

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE VPD	NAME BENSON, RICHARD	<input type="checkbox"/> Delete
STREET ADDRESS 1400 S. 19 AVENUE	CITY-ST-ZIP HOLLYWOOD FL 33020	
TITLE PD	NAME DIBIASE, SHIRLY	<input type="checkbox"/> Delete
STREET ADDRESS 1400 SOUTH 19 AVENUE	CITY-ST-ZIP HOLLYWOOD FL 33020	
TITLE TD	NAME RAUCKINAS, JOSEPHINE	<input type="checkbox"/> Delete
STREET ADDRESS 1400 S 19TH AVE	CITY-ST-ZIP HOLLYWOOD FL 33020	
TITLE SD	NAME GREENFIELD, DIANA	<input type="checkbox"/> Delete
STREET ADDRESS 1400 SOUTH 19TH AVENUE	CITY-ST-ZIP HOLLYWOOD FL 33020	
TITLE NAME	STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME	STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME	STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME	STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME	STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME	STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME	STREET ADDRESS CITY-ST-ZIP	<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*

CR2E037 (10/02)