

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F00000004596

1. Entity Name
GAR INTERNATIONAL CORPORATION

FILED
Mar 19, 2001 8:00 am
Secretary of State

03-19-2001 90468 008 ***150.00

Principal Place of Business
3315 COMMERCE PARKWAY
MIRAMAR FL 33025

Mailing Address
3315 COMMERCE PARKWAY
MIRAMAR FL 33025



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 65-1019993

Applied For
Not Applicable

Zip

Country

Zip

Country

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

GALLINARO, STEPHEN P
3315 COMMERCE PARKWAY
MIRAMAR FL 33025

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)

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PD	<input type="checkbox"/> Delete
NAME	MCKINNEY, GEORGE E	
STREET ADDRESS	3315 COMMERCE PARKWAY	
CITY-ST-ZIP	MIRAMAR FL 33025	
TITLE	VS	<input type="checkbox"/> Delete
NAME	GALLINARO, MICHAEL J	
STREET ADDRESS	3315 COMMERCE PARKWAY	
CITY-ST-ZIP	MIRAMAR FL 33025	
TITLE	TD	<input type="checkbox"/> Delete
NAME	GALLINARO, STEPHEN P	
STREET ADDRESS	3315 COMMERCE PARKWAY	
CITY-ST-ZIP	MIRAMAR FL 33025	
TITLE	D	<input type="checkbox"/> Delete
NAME	BRANSON, STEVEN	
STREET ADDRESS	3315 COMMERCE PARKWAY	
CITY-ST-ZIP	MIRAMAR FL 33025	
TITLE	D	<input type="checkbox"/> Delete
NAME	KANDRAVY, JOHN	
STREET ADDRESS	500 CAMPUS DRIVE	
CITY-ST-ZIP	FLORHAM PARK NJ 07932-1047	
TITLE	D	<input type="checkbox"/> Delete
NAME	SEELEY, FREDRICK D	
STREET ADDRESS	720 FIFTH AVENUE - 9TH FLOOR	
CITY-ST-ZIP	NEW YORK NY 10019	

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
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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: Stephen Gallinaro 3/15/01 954-704-9590
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)