

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # G21452**

1. Entity Name

JUNE STEHLE GARA, INCORPORATED**FILED**
Apr 25, 2001 8:00 am
Secretary of State

04-25-2001 90129 048 ***150.00

Principal Place of Business

**324 ROYAL PALM WY
STE 225
PALM BEACH FL 33480**

Mailing Address

**324 ROYAL PALM WY
STE 225
PALM BEACH FL 33480**

2. Principal Place of Business

1200 S. FLAGLER DRIVE

Suite, Apt. #, etc.

APT. #401

City & State

WEST PALM BEACH, FL

Zip

33401

Country

USA

3. Mailing Address

1200 S. FLAGLER DRIVE

Suite, Apt. #, etc.

APT. #401

City & State

WEST PALM BEACH, FL

Zip

33401

Country

USA

DO NOT WRITE IN THIS SPACE

4. FEI Number

59-2360719

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

**GARA, JUNE STEHLE
324 ROYAL PALM WAY
STE 225
PALM BEACH FL 33480**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

1200 S. FLAGLER DRIVE, APT. #401

City

WEST PALM BEACH**FL**

Zip Code

33401

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	PD	<input type="checkbox"/> Delete
NAME	GARA, JUNE STEHLE	
STREET ADDRESS	1200 SOUTH FLAGLER DR, #401	
CITY-ST-ZIP	WEST PALM BEACH FL 33401	

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

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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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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 #

CR2E034 (10/00)