

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 26, 2000 8:00 am**  
**Secretary of State**

04-26-2000 90214 007 \*\*\*150.00

**DOCUMENT # M61437**

1. Entity Name  
**4685 HAVERHILL, INC.**

Principal Place of Business <b>4685 HAVERHILL ROAD          WEST PALM BEACH FL 33417          US</b>	Mailing Address <b>4685 HAVERHILL RD.          WEST PALM BEACH FL 33417-8158          US</b>
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2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **65-0019413**

Applied For  
 Not Applicable

Zip Country

Zip Country

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



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**GUTHARTZ, BARNETT  
 1401 CYPRESS PARK LANE  
 JUPITER FL 33478**

Name		
Street Address (P.O. Box Number is Not Acceptable)		
City	<b>FL</b>	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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

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, 2000 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	<b>D</b> <input checked="" type="checkbox"/> Delete
NAME	<b>GUTHARTZ, FRIEDA</b>
STREET ADDRESS	<b>9801 COLLINS AVE APT 7J</b>
CITY-ST-ZIP	<b>BAL HARBOUR FL</b>

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

TITLE	<b>P</b> <input type="checkbox"/> Delete
NAME	<b>GUTHARTZ, BARNETT</b>
STREET ADDRESS	<del><b>9801 COLLINS AVE APT 7J</b></del>
CITY-ST-ZIP	<b>BAL HARBOUR FL</b>

TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	<b>4685 HAVERHILL RD.</b>
CITY-ST-ZIP	<b>WEST PALM BEACH, FL 33417</b>

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

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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: *Barnett Guthartz*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*4/20/00*  
Date

*561-640-0247*  
Daytime Phone #

CR2E034 (9/99)