

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 22, 2005 8:00 am
Secretary of State

04-22-2005 90302 045 ****70.00

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1. Entity Name

GEMUETLICHKEIT & HARMONIE, INC.



Principal Place of Business

**325 SW 26 STREET
FT LAUDERDALE FL 33315-2619**

Mailing Address

**325 SW 26 STREET
FT LAUDERDALE FL 33315-2619**

2. Principal Place of Business

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

02-0606271

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**FETCHIK, MARIAN E
7589 DOWNWINDS LANE
LAKE WORTH FL 33467**

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25
Due By May 1, 2005**

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 **ST** ☐ Delete
NAME **FETCHIK, MARION E**
STREET ADDRESS **7589 DUNNIDE LN.**
CITY-ST-ZIP **LAKE WORTH FL 33467**

TITLE **D** ☐ Delete
NAME **FETCHIK, RICHARD A**
STREET ADDRESS **3361 NW 52 COURT**
CITY-ST-ZIP **FT LAUDERDALE FL 33312**

TITLE **D** ☐ Delete
NAME **VALA, JOSE**
STREET ADDRESS **1275 SW 2 STREET**
CITY-ST-ZIP **BOCA RATON FL 33486**

TITLE **D** ☐ Delete
NAME **GUTTI, HAMNS**
STREET ADDRESS **3361 NW 52 COURT**
CITY-ST-ZIP **FT LAUDERDALE FL 33312**

TITLE **D** ☐ Delete
NAME **BATISH, FERNANDO**
STREET ADDRESS **2819 NE 21 TERRACE**
CITY-ST-ZIP **FORT LAUDERDALE FL 33301**

TITLE **P** ☐ Delete
NAME **NUBROX, ANTONIO**
STREET ADDRESS **600 N PINE ISLAND RD #450**
CITY-ST-ZIP **PLANTATION FL 33317**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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: *Marian E. Fetchik*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/17/05

Date

Daytime Phone #