

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# N32996

FILED  
May 30, 2002 8:00 AM  
Secretary of State

**Entity Name:** THE BORN ANEW CORPORATION

**Current Principal Place of Business:**

430 10TH STREET  
WEST PALM BEACH, FL 33401 US

**New Principal Place of Business:**

**Current Mailing Address:**

430 10TH STREET  
WEST PALM BEACH, FL 33401 US

**New Mailing Address:**

**FEI Number:** 65-0130454

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

MCGARITY, GARY L  
430 10TH STREET  
WEST PALM BEACH, FL 33401 US

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: MCGARITY, GARY L.,  
Address: 424 10TH ST #2  
City-St-Zip: WEST PALM BEACH, FL 33401

Title: SD ( ) Delete  
Name: GREELEY, LARENCE D.,  
Address: 424 10TH ST #4  
City-St-Zip: WEST PALM BEACH, FL 33401

Title: TD ( ) Delete  
Name: MARTINIK, MAURICE K.,  
Address: 428 10TH ST #1  
City-St-Zip: WEST PALM BEACH, FL 33401

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: GARY L. MCGARITY

PD

05/30/2002

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date