

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 31, 2003 8:00 am**  
**Secretary of State**

01-31-2003 90111 021 \*\*\*150.00

**DOCUMENT # P00000035902**

1. Entity Name  
**GAREV PUBLISHING INTERNATIONAL, INC.**



Principal Place of Business  
**8260 N.W. 49TH MANOR  
CORAL SPRINGS FL 33067**

Mailing Address  
**8260 N.W. 49TH MANOR  
CORAL SPRINGS FL 33067**

**00011700**



2. Principal Place of Business

**5840 Corporate Way  
Suite, Apt. #, etc.  
Suite 200**

3. Mailing Address

**5840 Corporate Way  
Suite, Apt. #, etc.  
Suite 200**

☒ CHECK HERE IF MAKING CHANGES

City & State  
**West Palm Beach FL**

City & State  
**West Palm Beach FL**

4. FEI Number **65-0999558**

Applied For  
Not Applicable

Zip  
**33407**

Country  
**USA**

Zip  
**33407**

Country  
**USA**

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

**EVANS, GENE  
8260 N.W. 49TH MANOR  
CORAL SPRINGS FL 33067**

Name

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

**5840 Corporate Way, Suite 200**

City

**West Palm Beach**

**FL**

Zip Code

**33407**

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

*Gene Evans*  
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

**1/25/03**  
DATE

**FILE NOW!!! FEE IS \$150.00**

**After May 1, 2003 Fee will be \$550.00**

**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	<input type="checkbox"/> Delete
NAME	EVANS, GENE	
STREET ADDRESS	8260 N.W. 49TH MANOR	
CITY-ST-ZIP	CORAL SPRINGS FL 33067	
TITLE	D	<input type="checkbox"/> Delete
NAME	GARRIDO, MARTA	
STREET ADDRESS	8260 N.W. 49TH MANOR	
CITY-ST-ZIP	CORAL SPRINGS FL 33067	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	<b>5840 Corporate Way, Suite 200</b>
CITY-ST-ZIP	<b>West Palm Beach, FL 33407</b>
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	<b>5840 Corporate Way, Suite 200</b>
CITY-ST-ZIP	<b>West Palm Beach, FL 33407</b>
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
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 607, 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:

*Gene Evans*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**1/25/03**  
Date

**(561) 687-1116**  
Daytime Phone \*

CR2E034 (10/02)