

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 200
West Palm Beach, FL*

3. Mailing Address
*5840 Corporate Way
Suite 200
West Palm Beach, FL*

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

7. Name and Address of New Registered Agent
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 *J. M. Evans* (NOTE: Registered Agent signature required when reinstating) DATE *1/25/03*

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

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	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	<i>5840 Corporate Way, Suite 200</i>
CITY-ST-ZIP	<i>West Palm Beach, FL 33407</i>
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	<i>5840 Corporate Way, Suite 200</i>
CITY-ST-ZIP	<i>West Palm Beach, FL 33407</i>
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: *J. M. Evans* SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE *1/25/03* DAYTIME PHONE # *(561) 697-1116*

CR2E034 (10/02)