

2002 UNIFORM BUSINESS REPORT (UBR)

0473913 AV

DOCUMENT # P01000045382

1. Entity Name
GARYNICK, INC.

FILED

02 APR 17 PM 2: 09

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business
355 PIEDMONT COURT
BARTOW FL 33830-4440

Mailing Address
POST OFFICE BOX 623
LAKE WALES FL 33859

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.
365 Piedmont Court
City & State
BARTOW, FL

Suite, Apt. #, etc.

City & State

4. FEI Number
59-3718074

Applied For
Not Applicable

Zip
33830-4440

Country
USA

Zip

Country

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

SPIEGEL & UTRERA, P.A.
343 ALMERIA AVENUE
CORAL GABLES FL 33134

Name
SPIEGEL & UTRERA, P.A.
Street Address (P.O. Box Number is Not Acceptable)
1840 Southwest 22 Street
4th Floor
City
Miami FL Zip Code
33145

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.

Spiegel & Utrera, P.A.

SIGNATURE By: *Natalia Utrera*
Natalia Utrera, Vice President

(NOTE: Registered Agent signature required when reinstating)

April 16, 2002
DATE

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, 2002 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
NAME
STREET ADDRESS
CITY-ST-ZIP
PTD BOUCHER, NORBERT C
355 PIEDMONT COURT
BARTOW FL 33830-4440 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
365 Piedmont Court ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
SVD PARKER, GARY
355 PIEDMONT COURT
BARTOW FL 33830-4440 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
365 Piedmont Court ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
-04/25/02--01045-018
***150.00 ***150.00 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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

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: *Garry D. Parker* GARRY D. PARKER 4/12/02 863-533-3703
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

(10) CR2E034 (9/01)