

FILED
Apr 02, 2002 8:00 am
Secretary of State

0008917 AT

DOCUMENT # P01000119359

1. Entity Name
SUSANNE GARVAR, OTR/L, CHT, P.A.

Principal Place of Business
7070 NDB HILL ROAD
TAMARAC FL 33321

Mailing Address
513 NE 6TH STREET
FORT LAUDERDALE FL 33304

2. Principal Place of Business
504 NW 101 Ave
Suite, Apt #, etc.

3. Mailing Address
Suite, Apt. #, etc.

City & State
CORAL SPRINGS, FL
Zip
33071
Country
USA

City & State

4. FEI Number
☒ Applied For
☐ Not Applicable

5. Certificate of Status Desired
☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
BERGER, BRUCE M
513 NE 6TH STREET
FORT LAUDERDALE FL 33304

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.

SIGNATURE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 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
TITLE PS
NAME GARVAR, SUSANNE
STREET ADDRESS 513 NE 6TH STREET
CITY-ST-ZIP FORT LAUDERDALE FL 33304
Delete ☐

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
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: X Susanne Garvar, OTR/L, CHT President 3/25/02 954 345 4765
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #