

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P92000008291

1. Entity Name

LAW OFFICES OF STEVEN GARELLEK, P.A.

FILED
Jul 17, 2000 8:00 am
Secretary of State

07-17-2000 90081 046 ***550.00

Principal Place of Business

7000 W. PALMETTO PK RD.
 400
 BOCA RATON FL 33433
 US

Mailing Address

7000 W. PALMETTO PL RD
 400
 BOCA RATON FL 33433
 US

2. Principal Place of Business

7000 W. Palmetto Pl Rd
 Suite, Apt. #, etc.
 200

3. Mailing Address

7000 W. Palmetto Pl Rd
 Suite, Apt. #, etc.
 200

City & State

Boca Raton FL

City & State

Boca Raton FL

Zip

33433

Country

USA

Zip

33433

Country

USA

4. FEI Number

65-0378951

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

GARELLEK, STEVEN
 7445 LONDON LANE
 BOCA RATON FL 33433

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 \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
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 PSTD
 NAME GARELLEK, STEVEN
 STREET ADDRESS 7000 W. PALMETTO PK RD #400
 CITY-ST-ZIP BOCA RATON FL 33433 ☐ Delete

TITLE VP
 NAME SUSAN, GARELLEK
 STREET ADDRESS 7000 W PALMETTO PARK RD #400
 CITY-ST-ZIP BOCA RATON FL 33433 ☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP ☐ Delete

TITLE
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TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

TITLE
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 CITY-ST-ZIP ☐ Change ☐ Addition

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 CITY-ST-ZIP ☐ Change ☐ Addition

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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/10/2000 561 391 3542

Date

Daytime Phone #