2001 UNIFORM BUSINESS REPORT (UBR) **FILED** Mar 22, 2001 8:00 am Secretary of State DOCUMENT # P92000008291 1. Entity Name LAW OFFICES OF STEVEN GARELLEK, P.A. 03-22-2001 90063 004 \*\*\*150.00 Principal Place of Business Mailing Address 7000 W. PALMETTO PK RD. 7000 W. PALMETTO PK RD. 200 UUU40147 **BOCA RATON FL 33433 BOCA RATON FL 33433** 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE 7445 London Lane 7445 London Lane Boca Raton, FL 33433 Applied For 4. FEI Number Boca Raton, FL 33433 65-0378951 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent GARELLEK, STEVEN Street Address (P.O. Box Number is Not Acceptable) 7445 LONDON LANE **BOCA RATON FL 33433** Zip Code FL 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 DATE (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable. FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2001 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. Change ☐ Addition **PSTD** ☐ Delete TITLE TITI F 7445 London Lane NAME GARELLEK, STEVEN NAME 7000 W. PALMETTO PK RD #400 STREET ADDRESS Boca Raton, FL 33433 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **BOCA RATON FL 33433** ☐ Addition Change ☐ Delete TITLE TITLE 7445 London Lane NAME SUSAN, GARELLEK NAME Boca Raton, FL 33433 STREET ADDRESS STREET ADDRESS 7000 W PALMETTO PARK RD #400 CITY-ST-ZIP CITY-ST-ZIP **BOCA RATON FL 33433** Change ☐ Addition --Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition Change ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP Change M Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP 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 precipit 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 effect the oppowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR