

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P92000008291

1. Entity Name
LAW OFFICES OF STEVEN GARELLEK, P.A.



Principal Place of Business
7445 LONDON LANE
BOCA RATON FL 33433
US

Mailing Address
7445 LONDON LANE
BOCA RATON FL 33433
US

2. Principal Place of Business

6075 NW 32nd Ct

3. Mailing Address

6075 NW 32nd Ct

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Boca Raton FL

City & State

Boca Raton FL

Zip

33496

Country

USA

Zip

33496

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

Steven Garelek

Street Address (P.O. Box Number is Not Acceptable)

6075 NW 32nd Ct.

City

Boca Raton

FL

Zip Code

33496

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

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 **PSTD** ☐ Delete
NAME **GARELLEK, STEVEN**
STREET ADDRESS **7445 LONDON LANE**
CITY-ST-ZIP **BOCA RATON FL 33433**

TITLE **VP** ☒ Delete
NAME **SUSAN, GARELLEK**
STREET ADDRESS **7445 LONDON LANE**
CITY-ST-ZIP **BOCA RATON FL 33433**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #



☐ CHECK HERE IF MAKING CHANGES

CR2E034 (10/02)

FILED
Apr 17, 2003 8:00 am
Secretary of State

04-17-2003 90224 021 ***150.00