


FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED

Feb 16, 1999 8:00am
Secretary of State

02-16-1999 90065 001 ****150.00



PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P93000020235**

1. Corporation Name
GARI MARKETING, INC.

Principal Place of Business
**% REBECCA YORE
645 NE 173RD TER
NORTH MIAMI BEACH FL 33162**

Mailing Address
**% REBECCA YORE
645 NE 173RD TER
NORTH MIAMI BEACH FL 33162**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

03/18/1993

4. FEI Number

65-0400948

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax. ☐ Yes ☒ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29

9. Name and Address of Current Registered Agent

**PERLOW, JEFFREY M
1820 E HALLANDALE BEACH BLVD
HALLANDALE FL 33009**

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> DELETE
NAME	DE ROSENBLATT, CELIA	
STREET ADDRESS	645 NE 173RD TER	
CITY-ST-ZIP	N MIAMI BEACH FL	
TITLE	VPT	<input type="checkbox"/> DELETE
NAME	ROSENBLATT, SALO	
STREET ADDRESS	645 NE 173RD TER	
CITY-ST-ZIP	N MIAMI BEACH FL	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	ROSENBLATT, TANIA	
STREET ADDRESS	645 NE 173RD TER	
CITY-ST-ZIP	N MIAMI BEACH FL	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	ROSENBLATT, ESTELA	
STREET ADDRESS	645 NE 173RD TER	
CITY-ST-ZIP	N MIAMI BEACH FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Celia de Rosenblatt
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01/26/99
Date

Daytime Phone #

CR2E034 (1/98)