## 2000 UNIFORM BUSINESS REPORT (UBR)

## FILED Jan 27, 2000 8:00 am DOCUMENT # P93000020235 Secretary of State GARI MARKETING, INC. 01-27-2000 90044 037 \*\*\*150.00 Principal Place of Business Mailing Address % REBECCA YORE % REBECCA YORE 645 NE 173RD TER 645 NE 173RD TER NORTH MIAMI BEACH FL 33162-2039 NORTH MIAMI BEACH FL 33162 2. Principal Place of Business 3. Mailing Address\_\_\_\_ DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State 4. FEI Number City & State 65-0400948 Not Applicable Country \$8.75 Additional Zip Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name er in a right. PERLOW, JEFFREY, M. Street Address (P.O. Box Number is Not Acceptable) 1820 E HALLANDALE BEACH BLVD HALLANDALE FL 33009 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 (NOTE: Registered Agent signature required when reinstating) DATE 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, 2000 Fee will be \$550.00 Tax filling 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 ☐ Delete TITLE DE ROSENBLATT, CELIA NAME STREET ADDRESS 645 NE 173RD TER STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP N MIAMI BEACH FL ☐ Addition **VPT** Change ☐ Delete TITLE TITLE ROSENBLATT, SALO ST. 1873 NAME NAME STREET ADDRESS STREET ADDRESS 645 NE 173RD TER CITY-ST-ZIP CITY-ST-ZIP N MIAMI BEACH FL ☐ Addition ☐ Detete ☐ Change TITLE ROSENBLATT, TANIA NAME NAME STREET ADDRESS STREET ADDRESS 645 NE 173RD TER CITY-ST-ZIP CITY-ST-ZIP N MIAMI BEACH FL ☐ Delete TITLE ☐ Change Addition TITLE ROSENBLATT, ESTELA NAME NAME STREET ADDRESS STREET ADDRESS 645 NE 173RD TER CITY-ST-ZIP CITY-ST-ZIP N MIAMI BEACH FL ☐ Delete ~ TITLE ☐ Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIE Delete TITLE □ Change Addition TITLE

13. I hereby certify that the information supplied with this filling 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.

NAME

STREET ADDRESS

CITY-ST-ZIP

NAME

STREET ADDRESS

CITY-ST-7IP