

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

**FILED**  
**Jul 28, 2002 8:00 am**  
**Secretary of State**

07-28-2002 90199 027 \*\*\*150.00

DOCUMENT # **194000061294**

1. Entity Name

**GARNORTH, INC.**

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

**3201 NE 8th ST**

Suite, Apt. #, etc.  
**105 D**

City & State

**POMPAUO BEACH FL**

Zip  
**33062**

Country  
**USA**

3. Mailing Address

**3201 NE 8th ST**

Suite, Apt. #, etc.  
**105 D**

City & State

**POMPAUO BEACH FL**

Zip  
**33062**

Country  
**USA**

DO NOT WRITE IN THIS SPACE

4. FEI Number

**05-0516536**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

7. Name and Address of Current Registered Agent

Name

**GARCIA RAQUEL**

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

**3201 NE 8th ST APT 105 D**

City

**POMPAUO BEACH**

FL

Zip Code

**33062**

**DO NOT WRITE  
IN THIS SPACE**

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 of 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) ☐

**January 1 - May 1 Fee is \$150.00**  
**After May 1 Fee is \$550.00**  
**Amended UBR is \$61.25**  
**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  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**PD**  
**GARCIA RAQUEL D.**  
**3201 NE 8th ST APT 105 D**  
**POMPAUO BEACH FL 33062**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
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NAME  
STREET ADDRESS  
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 execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**7/9/02**

Date

Daytime Phone #

CR2E034B (12/01)

**DO NOT WRITE  
IN THIS SPACE**

*Attached*  
*122951*

**GARNORTH, INC.**  
**3201 NE 8<sup>th</sup> St Apt 105D**  
**Pompano Beach, FL 33062**

July 8, 2002

Division of Corporations  
Annual Report Section  
P.O. Box 6327  
Tallahassee, FL 32314

REF: GARNORTH, INC.  
DOCUMENT#: P94000061294

Dear Sir or Madam:

Please be advised that the above-mentioned corporation annual report was never received for timely submission.

Therefore, we are requesting that the delinquent fees be waived and that the corporation is allowed to submit a second annual report with the corresponding fee of \$ 150.00

Please advise.

Your cooperation is appreciated.

Sincerely,

  
Garcia Raquel  
GR/re