

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 06, 2000 8:00 am
Secretary of State
 06-06-2000 90006 010 ***150.00

DOCUMENT # P96000093041

1. Entity Name

GARBA INDUSTRIAL SERVICE, INC.

Principal Place of Business

Mailing Address

**4915 DENVER ST
 TAMPA FL 33619**

**P.O. BOX 820
 RIVERVIEW FL 33568-0820**

2. Principal Place of Business

3. Mailing Address

4919 DENVER ST.

Suite, Apt. #, etc.

TAMPA FL

City & State

33619 USA

Zip

Country

Suite, Apt. #, etc.

City & State

Zip

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number **59-3422347**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**GARBA, RAFAL
 7215 ALAFIA RIDGE RD
 RIVERVIEW FL 33569**

Name

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

City

FL

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

Signature, 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) ☐

**FILE NOW!!! FEE IS \$150.00
 After MAY 1, 2000 Fee will be \$550.00
 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** ☐ Delete
 NAME **GARBA, RAFAL**
 STREET ADDRESS **7215 ALAFIA RIDGE RD**
 CITY-ST-ZIP **RIVERVIEW FL 33569**

TITLE **VICE-PRESIDENT** ☒ Change ☐ Addition
 NAME **GARBA, RAFAL**
 STREET ADDRESS **7215 ALAFIA RIDGE ROAD**
 CITY-ST-ZIP **RIVERVIEW FL 33569**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☒ Addition
 NAME **GARBA, NICOLE**
 STREET ADDRESS **7215 ALAFIA RIDGE ROAD**
 CITY-ST-ZIP **RIVERVIEW FL 33569**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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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 Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE NICOLE GARBA
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5-1-00

Date

813-672-1633

Daytime Phone #

CR2E034 (9/99)