

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 25, 2000 8:00 am**  
**Secretary of State**

04-25-2000 90120 048 \*\*\*150.00

**DOCUMENT # P98000013027**

1. Entity Name

**ANTOINETTE STARACE GARZA, INC.**



DO NOT WRITE IN THIS SPACE

Principal Place of Business

Mailing Address

110 SAND PINE WAY  
 PALM BEACH FL 33411

110 SAND PINE WAY  
 ROYAL PALM BEACH FL 33411-8668

2. Principal Place of Business

3. Mailing Address

110 Sand Pine Way

110 Sand Pine Way

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Royal Palm Beach, FL

Royal Palm Beach, FL

Zip

Country

Zip

Country

33411

USA

33411

USA

4. FEI Number

65-0817905

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

GARZA, ANTOINETTE S  
 110 SAND PINE WAY  
 ROYAL PALM BEACH FL 33411

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 **P** ☐ Delete  
 NAME **STARACE GARAZA, ANTOINETTE**  
 STREET ADDRESS **110 SAND PINE WAY**  
 CITY-ST-ZIP **ROYAL PALM BEACH FL 33411**

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

TITLE ☐ Delete  
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 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:

*Antoinette Starace Garza*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/17/00 (561) 792-1163  
 Date Daytime Phone #

CH 3/14/99