2002 Uniform Business Report (UBR)

Apr 04, 2002 8:00 am Secretary of State P98000013027 DOCUMENT # 1. Entity Name 04-04-2002 90012 008 ***150 00 ANTOINETTE STARACE GARZA, INC. Principal Place of Business Mailing Address 123 HERON PARKWAY 123 HERON PARKWAY ROYAL PALM BEACH FL 33411. ROYAL PALM BEACH FL 33411 2. Principal Place of Business Mailing Address 2049 Reston 2049 Reston Circle Suite, Apt. #, etc. Suite, Apt. #, etc DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-0817905 Not Applicable \$8.75 Additional 5. Certificate of Status Desired <u> 3344</u> Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent GARZA, ANTOINETTE S 120 HERON PARKWAY 2049 Reston Circle ROYAL PALM BEACH FL 33411 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 OTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE Delete TITLE STATACE GATZA, ANTOINETTE STARACE GARAZA, ANTOINETTE NAME NAME 129 HERON PARKWAY 2049 Reston Circle 2049 Reston Circle Royal Palm Beach, STREET ADDRESS STREET ADDRESS **ROYAL PALM BEACH FL 33411** CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CiTY-ST-7IP CITY-ST-7IP ☐ Delete TITLE TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change TITLE ☐ Delete TITLE Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE ☐ Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP 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

SIGNATURE:

changed, or on an attachment with an address, with all other like empowered.

(10/6)