

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 24, 2001 8:00 am**  
**Secretary of State**  
 04-24-2001 90283 043 \*\*\*150.00

0136689

**DOCUMENT # P99000024293**

1. Entity Name

**ALTONA MANAGEMENT, INC.**

Principal Place of Business

**5220 NW 55TH BLVD  
 #202  
 COCONUT CREEK FL 33073  
 US**

Mailing Address

**5220 NW 55TH BLVD  
 #202  
 COCONUT CREEK FL 33073  
 US**

2. Principal Place of Business

**9070 SW 22nd St.**

3. Mailing Address

**9070 SW 22nd St.**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

**Boca Raton, FL**

City & State

**Boca Raton, FL**

Zip

**33428**

Country

**USA**

Zip

**33428**

Country

**USA**

4. FEI Number

**65-0912965**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
 Fee Required**

6. Name and Address of Current Registered Agent

**GARSH, ALLISON  
 5220 NW 55TH BLVD #202  
 COCONUT CREEK FL 33073**

7. Name and Address of New Registered Agent

Name **Allison Garsh**  
 Street Address (P.O. Box Number is Not Acceptable)  
**9070 C SW 22nd St.**  
 City **Boca Raton** **FL** Zip Code **33428**

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 **Allison Garsh (President)** **Allison Garsh** **4/20/01**  
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, 2001 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

TITLE	P	<input type="checkbox"/> Delete
NAME	<b>GARSH, ALLISON</b>	
STREET ADDRESS	<b>5220 NW 55TH BLVD, #202</b>	
CITY-ST-ZIP	<b>COCONUT CREEK FL 33073</b>	
TITLE	VP	<input type="checkbox"/> Delete
NAME	<b>GARSH, ANTHONY</b>	
STREET ADDRESS	<b>5220 NW 55TH BLVD #202</b>	
CITY-ST-ZIP	<b>COCONUT CREEK FL 33073</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>Garsh, Allison</b>	
STREET ADDRESS	<b>9070 C SW 22nd St.</b>	
CITY-ST-ZIP	<b>Boca Raton, FL 33428</b>	
TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>Garsh, Allison</b>	
STREET ADDRESS	<b>9070 C SW 22nd St.</b>	
CITY-ST-ZIP	<b>Boca Raton, FL 33428</b>	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: **Allison Garsh** **President** **4/20/01** **561-482-9232**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)