2000 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

FILED **DOCUMENT # \$69892** May 10, 2000 8:00 am Secretary of State 1. Entity Name GARRETT PUBLISHING INC. 05-10-2000 90142 046 ***150.00 Principal Place of Business Mailing Address 384 S. MILITARY TRAIL 384 S. MILITARY TRAIL DEERFILED BEACH FL 33442-3007 DEERFILED BEACH FL 33442 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 59-3088546 Not Applicable Zip Country \$8.75 Additional Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent GOLDSTEIN, MARLENE Street Address (P.O. Box Number is Not Acceptable) 125 AVENUE "L" **DELRAY BEACH FL 33483** Zip Code City 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. DATE Signature, typed or printed name of registered agent and title if applicable. (NOTE: 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, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. Change ☐ Delete TITLE TITLE. GOLDSTEIN, MARLENE 384 S. MiliTARY TRAIL **GOLDSTEIN, MARLENE** NAME NAME STREET ADDRESS STREET ADDRESS 125 AVENUE "L" DECRETICAD Boh. FL 33442 CITY-ST-ZIP CITY-ST-ZIP DELRAY-BEACH FL 33483 ☐ Addition ☐ Delete TITLE TITLE GOLDSTEIN, MARLENE **GOLDSTEIN, MARLENE** NAME NAME 384 S. MiliTARY TRAIL STREET ADDRESS STREET ADDRESS -125-AVENUE-"L"-DEERFIELD BCh., FL 33442 CITY-ST-ZIP CITY-ST-ZIF **DELRAY BEACH FL 33483** Addition ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADORESS CITY-ST-ZIF CITY-ST-ZIP ☐ Change ☐ Addition Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Addition TITLE ☐ Change TITLE ☐ Delete NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 13. I hereby certify that the information supplied with this filing does not read five 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 eath; that I am an officer or director of the corporation or the receiver of true empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if indicated on this report or supplemental report is true of the corporation or the receiver of trustee empowers changed, or on an attachment with an address, with a ARLENE GUIDSTEIN 4/26/00