

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 16, 2001 8:00 am
Secretary of State

04-16-2001 90482 012 ***150.00

DOCUMENT # P00000003289

1. Entity Name
COUNTRY GARDEN, INC.

Principal Place of Business Mailing Address
1313 PONCE DE LEON BLVD., STE. 301 **1313 PONCE DE LEON BLVD., STE. 301**
CORAL GABLES FL 33184 **CORAL GABLES FL 33184**
9455 S.W. 56th ST. **9455 S.W. 56th ST.**
MIAMI - FLA 33165 **MIAMI - FLA 33165**

2. Principal Place of Business 3. Mailing Address
9455 S.W. 56th - ST. **9455 S.W. 56th - ST.**
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State
MIAMI - FLA **MIAMI - FLA**
 Zip Country Zip Country
33165 **USA** **33165** **USA**



DO NOT WRITE IN THIS SPACE

4. FEI Number Applied For
65-0972338 Not Applicable
 5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
SANCHEZ GALARRAGA, JORGE
1313 PONCE DE LEON BLVD., STE. 301
CORAL GABLES FL 33184

7. Name and Address of New Registered Agent
 Name **MANUEL A. GAUNAURD**
 Street Address (P.O. Box Number is Not Acceptable)
9260 S.W. 57th TERR.
 City State Zip Code
MIAMI - FLA **FL** **33173**

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: DATE: **2/23/01**
Signature, typed or printed name of registered agent and date if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so. **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		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SANCHEZ GALARRAGA, JORGE <input checked="" type="checkbox"/> Delete 1313 PONCE DE LEON BLVD., STE. 301 CORAL GABLES FL 33184	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MANUEL A. GAUNAURD <input type="checkbox"/> Delete PRESIDENT / TREASURER 9260 S.W. 57th TERR. MIAMI - FLA 33173	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VICE PRESIDENT / SECRETARY <input type="checkbox"/> Delete ELENA V. BAEZ 9260 S.W. 57th TERR. MIAMI - FLA 33173	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PIERRE M. GAUNAURD <input type="checkbox"/> Delete DIRECTOR 9260 S.W. 57th TERR. MIAMI - FLA 33173	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: Date: **(305) 595-5760**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (10/00)