

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 12, 2001 8:00 am**  
**Secretary of State**

02-12-2001 90239 032 \*\*\*150.00

**DOCUMENT # G12992**

1. Entity Name

**BARRETTLAIDLAWGERVAIS, INC.**

Principal Place of Business

9260 SUNSET DR. #103  
 MIAMI FL 33173  
 US

Mailing Address

9260 SUNSET DR. #103  
 MIAMI FL 33173  
 US

BarrettLaidlawGervais  
 1320 South Dixie Highway  
 Suite 315  
 Coral Gables, FL 33146

BarrettLaidlawGervais  
 1320 South Dixie Highway  
 Suite 315  
 Coral Gables, FL 33146

**C0020168**



DO NOT WRITE IN THIS SPACE

FEI Number **59-2239749**

Applied For  
 Not Applicable

Zip

Country

**USA**

Zip

Country

**USA**

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

**SOKOL, LAUREN**  
**9260 SUNSET DR #103**  
**MIAMI FL 33173**

Name

Street Address (P.O. Box Number is Not Acceptable)

**1320 S DIXIE HWY**  
**#315**

City

**CORAL GABLES**

**FL**

Zip Code  
**33146**

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, 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	<b>P</b>	<input type="checkbox"/> Delete
NAME	<b>BARRETT, JORDAN</b>	
STREET ADDRESS	<b>9260 SUNSET DR. #103</b>	
CITY-ST-ZIP	<b>MIAMI FL</b>	
TITLE	<b>SVP</b>	<input type="checkbox"/> Delete
NAME	<b>BARRETT, PATRICIA</b>	
STREET ADDRESS	<b>9260 SUNSET DR. #103</b>	
CITY-ST-ZIP	<b>MIAMI FL</b>	
TITLE	<b>T</b>	<input type="checkbox"/> Delete
NAME	<b>SOKOL, LAUREN</b>	
STREET ADDRESS	<b>9260 SUNSET DR. #103</b>	
CITY-ST-ZIP	<b>MIAMI FL</b>	
TITLE	<b>VP</b>	<input type="checkbox"/> Delete
NAME	<b>LAIDLAW, DAVID</b>	
STREET ADDRESS	<b>9260 SUNSET DRIVE, #103</b>	
CITY-ST-ZIP	<b>MIAMI FL</b>	
TITLE	<b>S</b>	<input type="checkbox"/> Delete
NAME	<b>GERVAIS, JOHN P</b>	
STREET ADDRESS	<b>9260 SUNSET DRIVE, #103</b>	
CITY-ST-ZIP	<b>MIAMI FL</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	<b>D</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>BARRETT, JORDAN</b>	
STREET ADDRESS	<b>1320 S. DIXIE HWY, #315</b>	
CITY-ST-ZIP	<b>CORAL GABLES, FL 33146</b>	
TITLE	<b>VP</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>BARRETT, PATRICIA</b>	
STREET ADDRESS	<b>1320 S. DIXIE HWY, #315</b>	
CITY-ST-ZIP	<b>CORAL GABLES, FL 33146</b>	
TITLE	<b>T</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>SOKOL, LAUREN</b>	
STREET ADDRESS	<b>1320 S. DIXIE HWY, #315</b>	
CITY-ST-ZIP	<b>CORAL GABLES, FL 33146</b>	
TITLE	<b>VP</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>LAIDLAW, DAVID</b>	
STREET ADDRESS	<b>1320 S. DIXIE HWY, #315</b>	
CITY-ST-ZIP	<b>CORAL GABLES, FL 33146</b>	
TITLE	<b>P, S</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>GERVAIS, JOHN P</b>	
STREET ADDRESS	<b>1320 S. DIXIE HWY #315</b>	
CITY-ST-ZIP	<b>CORAL GABLES, FL 33146</b>	
TITLE	<b>VP</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>GERVAIS, TRACY</b>	
STREET ADDRESS	<b>1320 S. DIXIE HWY, #315</b>	
CITY-ST-ZIP	<b>CORAL GABLES, FL 33146</b>	

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**1/11/01** **305/667-3335**

CR2E034 (10/00)

Attachment  
D#G12992  
C0020168

Box 12:

Title: VP                      Addition  
Name: Laidlaw, Robin  
Address: 1320 S. Dixie Hwy. #315  
City-St-Zip: Coral Gables, Fl. 33146