

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 29, 2002 8:00 am
Secretary of State

020963 AV

DOCUMENT # J84745

1. Entity Name
GREENBRIAR EQUITIES, INC.

03-29-2002 91455 002 ****90.00
 03-29-2002 91455 001 ****60.00

Principal Place of Business Mailing Address
~~C/O ALBERT D. QUENTEL~~ ~~C/O ALBERT D. QUENTEL~~
 1221 BRICKELL AVENUE 1221 BRICKELL AVENUE
 MIAMI FL 33131 MIAMI FL 33131

C/O GABRIEL PRATS C/O GABRIEL PRATS
 2. Principal Place of Business 3. Mailing Address
 2121 PONCE DE LEON BLVD 2121 PONE DE LEON BLVD

Suite, Apt. #, etc. Suite, Apt. #, etc.
 240 240

City & State City & State
 CORAL GABLES, FL CORAL GABLES, FL

Zip Country Zip Country
 33134 33134



DO NOT WRITE IN THIS SPACE

4. FEI Number **65-0144722** Applied For
 Not Applicable

5. Certificate of Status Desired ☒ **\$8.75** Additional
 Fee Required

6. Name and Address of Current Registered Agent

QUENTEL, ALBERT D.
 1221 BRICKELL AVENUE
 MIAMI FL 33131

7. Name and Address of New Registered Agent

Name:
 Street Address (P.O. Box Number is Not Acceptable)
 City FL Zip Code

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 _____
 Signature, typed or printed name of registered agent and title 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.
 (See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After May 1, 2002 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 NAME STREET ADDRESS CITY-ST-ZIP	PD GARRIDO, IVAN 5845 COLLINS AVE MIAMI FL <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD GARRIDO, HAYDEE J. 5845 COLLINS AVE MIAMI FL <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GARRIDO, IVAN GERARDO 5845 COLLINS AVE MIAMI FL <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS ARAYA, LYLLE 2620 NATOMA ST MIAMI FL <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD GARRIDO, IVAN 2620 NATOMA ST. MIAMI, FL 33133 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD GARRIDO, HAYDEE J. 2620 NATOMA ST. MIAMI, FL 33133 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PRATS, GABRIEL 2121 PONCE DE LEON BLVD. #240 CORAL GABLES, FL 33134 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS ARAYA, LYLLE 2620 NATOMA ST. MIAMI, FL 33133 <input type="checkbox"/> Change <input type="checkbox"/> Addition
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"/> 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: _____
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-12-02

Date Daytime Phone #

CR2E034 (9/01)