2004 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 16, 2004 8:00 am
Secretary of State
07-16-2004 90003 041 ***150.00

44049059

DO NOT WRITE IN THIS SPACE

DOCUMENT # M64109

Entity Name* GAARIL INC.

Principal Place of Business / Mailing Address
2900 West 12 Ave #102
Hialeah, Fla. 33012

Principal Place of Business | 3. Mailing Address
Suite, Apt. #, etc. | Suite, Apt. #, etc.
City & State | City & State
Zip | Country | Zip | Country

4. FEI Number 65-0052047 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

CARMEN FERNANDEZ
2900 West 12 Ave
Hialeah, Fla. 33012

7. Name and Address of New Registered Agent

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

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 X Carmen Fernandez 7/8/2004
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) Date

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, 2004 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

OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DPST ☐ Delete FERNANDEZ, CARMEN 2900 West 12 Ave ~~Hialeah, Fla. 33012~~	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

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: X Carmen Fernandez 7/8/2004 (305) 888-5779
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/03)

Attachment

44049059

#N164109

DIVISION OF CORPORATIONS
P.O. BOX 6198
TALLAHASSEE, FLA. 32314-6198

I THE UNDERSIGNED CARMEN FERNANDEZ PRESIDENT OF GARIL INC. LOCATED AT 2900 WEST 12 AVE # 1 & 2, HIALEAH, FLA. 33012 BY THIS MEANS CERTIFY:

THAT I DID NOT RECEIVE THE UNIFORM BUSSINES REPORT FOR THE YEAR 2004 AND THERE IS BECAUSE THERE IS SOME INFORMATION MISSING, THIS IS A SHOPPING CENTER AND THERE IS MORE THAN 30 OFFICES IN THIS BUILDING.

AND TO VERIFY THE ABOVE INFORMATION I AM SIGNING THIS LETTER IN FRONT OF A NOTARY PUBLIC OF THE STATE OF FLORIDA.

X Carmen Fernandez

CARMEN FERNANDEZ

STATE OF FLORIDA
COUNTY OF DADE

SWORN AND SUBSCRIBED BEFORE ME
THIS JULY 8 OF THE YEAR 2004

Purificacion Moreno

NOTARY PUBLIC.

PURIFICACION MORENO
MY COMMISSION # DD 297249
EXPIRES: May 2, 2008
Bonded Thru Notary Public Underwriters