

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # M69705

1. Entity Name

GHI CORPORATION

**FILED**  
**Apr 25, 2001 8:00 am**  
**Secretary of State**

04-25-2001 90186 040 \*\*\*150.00

Principal Place of Business

175 FONTAINBLEAU BLVD.  
SUITE 1-C  
MIAMI FL 33172  
US

Mailing Address

175 FONTAINBLEAU BLVD.  
SUITE 1-C  
MIAMI FL 33172  
US

2. Principal Place of Business

175 Fontainebleau Blvd  
Suite, Apt. #, etc.  
STE 1-E

3. Mailing Address

175 Fontainebleau Blvd  
Suite, Apt. #, etc.  
STE 1-E



DO NOT WRITE IN THIS SPACE

City & State

MIAMI, Florida  
Zip 33172  
Country U.S.A

City & State

MIAMI, Florida  
Zip 33172  
Country U.S.A

4. FEI Number 65-0181414

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

IRIZARRY, JESUS R.  
95 EAST 57TH STREET  
HIALEAH FL 33013

7. Name and Address of New Registered Agent

Name  
IRIZARRY, JESUS R.  
Street Address (P.O. Box Number is Not Acceptable)  
175 FONTAINBLEAU BLVD  
Ste 1-E  
City MIAMI FL Zip Code 33172

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]*  
Signature, typed or printed name of registered agent and title if applicable.

JESUS R IRIZARRY V.P.

4-18-01

(NOTE: Registered Agent Signature required when re-instating)

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

TITLE VP  
NAME IRIZARRY, JESUS  
STREET ADDRESS 13523 NW 8 ST  
CITY-ST-ZIP MIAMI FL 33182 ☐ Delete

TITLE P  
NAME IRIZARRY, RAMON A  
STREET ADDRESS 132523 NW 8TH ST  
CITY-ST-ZIP MIAMI FL 33182 ☐ Delete

TITLE V  
NAME NAVAS, MARIA I  
STREET ADDRESS 13513 NW 8TH ST.  
CITY-ST-ZIP MIAMI FL 33182 ☒ Delete

TITLE V  
NAME IRIZARRY, MAYLEEN  
STREET ADDRESS 13523 NW 8TH ST  
CITY-ST-ZIP MIAMI FL 33182 ☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE V.P., Sec.  
NAME IRIZARRY, JESUS R.  
STREET ADDRESS 13523 NW 8th STREET  
CITY-ST-ZIP MIAMI FLORIDA 33182 ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE V.P.  
NAME ROSANDRA A. MERCHANT  
STREET ADDRESS 980 NW N. RIVER DR. #133  
CITY-ST-ZIP MIAMI FLORIDA 33136 ☐ Change ☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ 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]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JESUS R IRIZARRY V.P.

4-18-01

Date

305-226-0570

Daytime Phone #

CR2E034 (10/00)