

**2001 UNIFORM BUSINESS REPORT (UBR)**

5/2/

**FILED**  
**Jun 04, 2001 8:00 am**  
**Secretary of State**

05-02-2001 90018 002 \*\*\*\*61.25

**DOCUMENT # N00000008165**  
 1. Entity Name - **GARCIA-LARRIEU CHARITABLE FOUNDATION CORPORATION**

Principal Place of Business Mailing Address  
**C/O MICHAEL SCHLESINGER, ESQ. MIAMI CENTER** **C/O MICHAEL SCHLESINGER, ESQ. MIAMI CENTER**  
**17TH FLOOR, 201 S. BISCAYNE BLVD.** **17TH FLOOR, 201 S. BISCAYNE BLVD.**  
**MIAMI FL 33131** **MIAMI FL 33131**

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



DO NOT WRITE IN THIS SPACE  
**65-1064513**

4. FEI Number **65-1064513** Applied For Not Applicable

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

6. Name and Address of Current Registered Agent  
**MIAMI CENTER REGISTERED AGENTS, INC.**  
**MIAMI CENTER, 17TH FLOOR**  
**201 S. BISCAYNE BLVD.**  
**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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW:**  
**FEE IS \$61.25**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00 May Be Added to Fees**

**Make Check Payable to Department of State**

10. OFFICERS AND DIRECTORS

TITLE	<b>PRESIDENT - DIRECTOR</b> <input type="checkbox"/> Delete
NAME	<b>JORDAN GARCIA-LARRIEU</b>
STREET ADDRESS	<b>10380 SW 115 ST</b>
CITY-ST-ZIP	<b>MIAMI FL 33176</b>
TITLE	<b>VIC. PRESIDENT - DIRECTOR</b> <input type="checkbox"/> Delete
NAME	<b>MARIA GARCIA-LARRIEU</b>
STREET ADDRESS	<b>10380 SW 115 ST</b>
CITY-ST-ZIP	<b>MIAMI FL 33176</b>
TITLE	<b>DIRECTOR</b> <input type="checkbox"/> Delete
NAME	<b>MICHAEL SCHLESINGER</b>
STREET ADDRESS	<b>17TH FL 201 S. BISCAYNE BLVD.</b>
CITY-ST-ZIP	<b>MIAMI FL 33131</b>
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE **SIGNATURE REQUIRED**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
**JORDAN GARCIA-LARRIEU**

Date **4-26-01** Daytime Phone # **888-303-6360**

CR2E037 (10/00)