

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N00000008165

1. Entity Name

GARCIA-LARRIEU CHARITABLE FOUNDATION CORPORATION

Principal Place of Business

Mailing Address

C/O MICHAEL SCHLESINGER, ESQ. MIAMI CEN.  
17TH FLOOR, 201 S. BISCAYNE BLVD.  
MIAMI FL 33131

C/O MICHAEL SCHLESINGER, ESQ. MIAMI CEN.  
17TH FLOOR, 201 S. BISCAYNE BLVD.  
MIAMI FL 33131

2. Principal Place of Business

10380 SW 115 ST

3. Mailing Address

10380 SW 115 ST

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

MIAMI FL

City & State

MIAMI FL

Zip

33176

Country

USA

Zip

33176

Country

USA

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  
JOAQUIN GARCIA-LARRIEU

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

10380 SW 115 ST

MIAMI FL

City

FL

Zip Code

33176

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

5-25-02

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 PD  
NAME GARCIA-LARRIEN, JOAQUIN  
STREET ADDRESS 10380 SW 115 ST  
CITY-ST-ZIP MIAMI FL 33176 ☐ Delete

TITLE VPD  
NAME GARCIA-LARRIEN, MARIA  
STREET ADDRESS 10380 SW 115 ST  
CITY-ST-ZIP MIAMI FL 33176 ☐ Delete

TITLE D  
NAME SCHLESINGER, MICHAEL  
STREET ADDRESS 17TH FL, 201 S BISCAYNE BLVD.  
CITY-ST-ZIP MIAMI FL 33133 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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  
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

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)