2000 UNIFORM BUSINESS REPORT (UBR)

FILED May 03, 2000 8:00 am Secretary of State DOCUMENT # **N07234** 1. Entity Name THE GARRIDO FOUNDATION, INC. 05-03-2000 90048 034 ****61 25 Principal Place of Business Mailing Address 8105 NW 77 STREET 8105 NW 77 STREET MIAMI FL 33166-2199 MIAMI FL 33166 US 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 59-2603583 Not Applicable Ζiρ Zip Country \$8.75 Additional Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) SUITE 2-B BIRD, INC. 8105 NW 77 STREET MIAMI FL 33166 City 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. Election Campaign Financing Make Check Payable to FILE NOW: \$5.00 May Be Trust Fund Contribution. Added to Fees **Department of State** FEE IS \$61.25 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. OFFICERS AND DIRECTORS 11. ☐ Delete TITLE Change ☐ Addition NAME GARRIDO, JOSE A. NAME STREET ADDRESS STREET ADDRESS 6262 BIRD ROAD STE. 2B CITY-ST-ZIP CITY-ST-ZIP MIAMI FL TITLE **DVP** ☐ Delete TITLE Change ☐ Addition NAME GARRIDO, JOSE A., JR. NAME STREET ADDRESS STREET ADDRESS 6262 BIRD ROAD STE. 2B CITY-ST-ZIP CITY-ST-ZIP-MIAM! FL ☐ Delete TITLE Change ☐ Addition TITLE NAME NAME MORALES, MANUEL R., JR. STREET ADDRESS STREET ADDRESS 28 W. FLAGLER ST. 11 FL. CITY-ST-ZIP CITY-ST-ZIP MIAMI FL ☐ Addition ☐ Chance TITLE ☐ Delete TITLE NAME NAME GARRIDO, ZADY STREET ADDRESS STREET ADDRESS 6262 BIRD RD 2B CITY-ST-ZIP CITY-ST-ZIP MIAMI FL Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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

CITY-ST-ZIP

TITLE

NAME STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

☐ Delete

Change

Addition