

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000001189

1. Entity Name
GAARRIN & ASSOCIATES, INC.

FILED
May 04, 2001 8:00 am
Secretary of State

05-04-2001 90163 038 ***150.00

Principal Place of Business
~~175 FONTAINBLEAU BLVD. #1R4A~~
MIAMI FL 33172

Mailing Address
~~175 FONTAINBLEAU BLVD. #1R4A~~
MIAMI FL 33172

2. Principal Place of Business
9371 Fountainbleau Blvd
Suite, Apt. #, etc.
I-207

3. Mailing Address
9371 Fountainbleau Blvd
Suite, Apt. #, etc.
I-207

City & State
MIAMI, FL 33172
Zip
33172

City & State
MIAMI, FL 33172
Zip
33172

4. FEI Number
65-0972382
Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ARRINDELL, GUILLERMO A
~~175 FONTAINBLEAU BLVD. #1R4A~~ *9371 Fountainbleau Blvd*
MIAMI FL 33172
APT I-207

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 _____

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PD** ☐ Delete
NAME **ARRINDELL, GUILLERMO A**
STREET ADDRESS **175 FONTAINBLEAU BLVD. #1R4A**
CITY-ST-ZIP **MIAMI FL 33172**

TITLE **PD** ☐ Change ☐ Addition
NAME **ARRINDELL GUILLERMO A**
STREET ADDRESS **9371 FONTAINBLEAU BLVD, APT I-207**
CITY-ST-ZIP **MIAMI, FL 33172**

TITLE **VD** ☐ Delete
NAME **RAMOS, JOSE G**
STREET ADDRESS **175 FONTAINBLEAU BLVD. #1R4A**
CITY-ST-ZIP **MIAMI FL 33172**

TITLE **VPD** ☐ Change ☐ Addition
NAME **ARRINDELL, Guillermo A.**
STREET ADDRESS **SAME AS ABOVE**
CITY-ST-ZIP

TITLE **STD** ☐ Delete
NAME **RAMOS, JOSE GR**
STREET ADDRESS **175 FONTAINBLEAU BLVD. #1R4A**
CITY-ST-ZIP **MIAMI FL 33172**

TITLE **STD** ☐ Change ☐ Addition
NAME **ARRINDELL, Guillermo A.**
STREET ADDRESS **SAME AS ABOVE**
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Guillermo A. Arrindell 4/15/01

Date

(786) 493-1224

Daytime Phone #

CR2E034 (10/00)