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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000001789

1. Entity Name: GAARRIN & ASSOCIATES, INC

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business: 6283 CORAL WAY
Suite, Apt. #, etc.:
City & State: MIAMI, FL
Zip: 33155 Country: MIAMI-DADE

3. Mailing Address: 14900 S.W. 104TH ST
Suite, Apt. #, etc.: UNIT 59
City & State: MIAMI, FL
Zip: 33196-3369 Country: MIAMI-DADE

DO NOT WRITE IN THIS SPACE

4. FEI Number: 65-0972382 ☐ Applied For ☐ Not Applicable

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

7. Name and Address of Current Registered Agent
Name: ARRINDELL, GUILLERMO A.
Street Address (P.O. Box Number is Not Acceptable): 14900 S.W. 104TH, #59
City: MIAMI FL Zip Code: 33196-3369

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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] 02/01/02

Signature, typed or printed name of registered agent and title if applicable. (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) ☐

January 1 - May 1 Fee is $150.00
After May 1 Fee is $550.00
Amended UBR is $61.25
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	PRES/S/T/D
NAME	ARRINDELL, GUILLERMO A
STREET ADDRESS	14900 S.W. 104TH ST, UNIT 59
CITY-ST-ZIP	MIAMI, FL 33196-3369
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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TITLE	
NAME	
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CITY-ST-ZIP	

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*****150.00 *****150.00

DO NOT WRITE IN THIS SPACE

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 on an attachment with an address, with all other like empowered.

SIGNATURE: [signature] 02/01/02

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #