

2001 UNIFORM BUSINESS REPORT (UBR)

4/30

FILED
May 31, 2001 8:00 am
Secretary of State

04-30-2001 90438 009 ***150.00

DOCUMENT # P00000002559

1. Entity Name

GARRAM, INC.

Principal Place of Business

14121 S.W. 92ND AVENUE
 MIAMI FL 33178

Mailing Address

14121 S.W. 92ND AVENUE
 MIAMI FL 33178

2. Principal Place of Business

250 CATALONIA AVE

3. Mailing Address

250 CATALONIA AVE

Suite, Apt. #, etc.

506

Suite, Apt. #, etc.

506

City & State

CORAL GABLES, FL

City & State

CORAL GABLES, FL

Zip

33134

Country

DADE

Zip

33134

Country

DADE

4. FEI Number

650-98-6516

Applied For

☐ Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

GARCIA, JESUS

**14121 S.W. 92ND AVENUE
 MIAMI FL 33178**

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

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)

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

TITLE	D	<input type="checkbox"/> Delete
NAME	GARCIA, JESUS	
STREET ADDRESS	14121 S.W. 92ND AVENUE	
CITY-ST-ZIP	MIAMI FL 33178	
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		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PRESIDENT	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JESUS T. GARCIA	
STREET ADDRESS	250 CATALONIA SUITE 506	
CITY-ST-ZIP	CORAL GABLES, FL 33134	
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		

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

Date

Daytime Phone #

CR2E034 (10/00)