

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000010590

1. Entity Name

GRINGOLANDIA.COM, INC.

Principal Place of Business

701 BRICKELL KEY DR., STE. 2002
MIAMI FL 33131

Mailing Address

701 BRICKELL KEY DR., STE. 2002
MIAMI FL 33131

2. Principal Place of Business

5671 NW 112th Ave

Suite, Apt. #, etc.
#103

City & State

Miami, FL

Zip
33178

Country

USA

3. Mailing Address

5671 NW 112th Ave

Suite, Apt. #, etc.
#103

City & State

Miami, FL

Zip
33178

Country

USA

FILED
May 01, 2001 8:00 am
Secretary of State

05-01-2001 90040 016 ***150.00



DO NOT WRITE IN THIS SPACE

4. FEI Number

52-1146119

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

CORPORATION COMPANY OF MIAMI
201 S. BISCAYNE BLVD., 1600 MIAMI CENTER
MIAMI FL 33131

7. Name and Address of New Registered Agent

Name Corporation Company of Miami
Street Address (P.O. Box Number is Not Acceptable)
201 S. Biscayne Blvd.
1600-WOM Miami Center
City Miami, FL FL Zip Code 33131

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 NAME STREET ADDRESS CITY-ST-ZIP	D FLUHRER, SCOTT F 701 BRICKELL KEY DR., STE. 2002 MIAMI FL 33131	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MCCULLOUGH, WILLIAM G 701 BRICKELL KEY DR., STE. 2002 MIAMI FL 33131	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D/P Fluhrer, Scott F 5671 NW 112th Ave. #103 Miami, FL 33178	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D McCullagh, William G 8700 SW 93 Court Miami, FL 33173	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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

Scott F. Fluhrer 4/21/01 305-992-7863

Date

Daytime Phone #

CR2E034 (10/00)

0149083