

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000024805

1. Entity Name

GARRY'S BAIL BONDS, INC.

Principal Place of Business

Mailing Address

1399 N.W. 17TH AVENUE
SUITE 302-D
MIAMI FL 33125

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SUITE 302-D
MIAMI FL 33125

2. Principal Place of Business

1399 NW 17 Ave

Suite, Apt. #, etc.

Suite 302D

City & State

Miami FL

Zip
33125

Country
Dade

3. Mailing Address

1399 NW 17 Ave

Suite, Apt. #, etc.

302D

City & State

Miami FL

Zip
33125

Country
Dade



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0993903

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

FIDDES, GARRY
1399 N.W. 17TH AVENUE
SUITE 302-D
MIAMI FL 33125

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	PD	<input type="checkbox"/> Delete
NAME	FIDDES, GARRY	
STREET ADDRESS	570 N.W. 137 STREET	
CITY-ST-ZIP	NORTH MIAMI FL 33168	
TITLE	STD	<input type="checkbox"/> Delete
NAME	MOTHERSILL, CAROL C	
STREET ADDRESS	570 N.W. 137 STREET	
CITY-ST-ZIP	NORTH MIAMI FL 33168	
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	<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
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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:

Carol Mothersill
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Secretary 02-07-01

305 545-9900

Date

Daytime Phone #

CP2E034 (10/00)