

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 17, 2002 8:00 am
Secretary of State

02-17-2002 90049 031 ***150.00

DOCUMENT # P00000053183

1. Entity Name
GARCIA & BALOYRA TITLE COMPANY

Principal Place of Business
1101 BRICKELL AVENUE SUITE 702 S.
MIAMI FL 33131

Mailing Address
1101 BRICKELL AVENUE SUITE 702 S.
MIAMI FL 33131



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
2665 South Bayshore Drive
Suite, Apt. #, etc.
Grand Bay Plaza #200
City & State
Miami Florida

3. Mailing Address
2665 South Bayshore Drive
Suite, Apt. #, etc.
Grand Bay Plaza #200
City & State
Miami Florida

Zip
33133 **Country**
USA

4. FEI Number **65-1016108** **Applied For**
Not Applicable

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

6. Name and Address of Current Registered Agent

BALOYRA, JOSE L
1101 BRICKELL AVENUE SUITE 702 SOUTH TOWER
MIAMI FL 33131

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 _____ **DATE** _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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, 2002 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing ☐ **\$5.00 May Be Added to Fees**
Trust Fund Contribution.

11. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DPT
GARCIA, EDUARDO J ☐ **Delete**
1101 BRICKELL AVENUE SUITE 702 S.
MIAMI FL 33131

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DVS
BALOYRA, JOSE L ☐ **Delete**
1101 BRICKELL AVENUE SUITE 702 S.
MIAMI FL 33131

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
2665 South Bayshore Drive ☒ **Change** ☐ **Addition**
Grand Bay Plaza - #200
Miami FL 33133

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
2665 South Bayshore Dr. ☒ **Change** ☐ **Addition**
Grand Bay Plaza #200
Miami, FL 33133

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
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 **1/30/02** **Daytime Phone #**

CR2E034 (9/01)