

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 07, 2001 8:00 am
Secretary of State

06-07-2001 90002 008 ***150.00

0193774

DOCUMENT # P00000054183

1. Entity Name

ABRE GIRA, INC.

Principal Place of Business

**6275 S.W. 112TH STREET
 MIAMI FL 33156**

Mailing Address

**6275 S.W. 112TH STREET
 MIAMI FL 33156**

661243



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

9441 S.W. 76TH ST

3. Mailing Address

9441 S.W. 76TH ST

Suite, Apt. #, etc.

V-21

Suite, Apt. #, etc.

V-21

City & State

MIAMI, FLORIDA

City & State

MIAMI, FLORIDA

4. FEI Number

65-1024421

Applied For

Not Applicable

Zip

33173

Country

DADE

Zip

33173

Country

DADE

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

**THOMPSON, VIOLETA
 6275 S.W. 112TH STREET
 MIAMI FL 33156**

7. Name and Address of New Registered Agent

Name **THOMPSON, VIOLETA**

Street Address (P.O. Box Number is Not Acceptable)

9441 S.W. 76TH ST SUITE V-21

City **MIAMI**

FL

Zip Code
33173

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 **Violeta Thompson**

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

(NOT) Registered Agent's signature required when reinstating

DATE

5-31-01

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 **PVSD** ☐ Delete
 NAME **ANDRADE PORTO, ZENAIDE**
 STREET ADDRESS **6275 S.W. 112TH STREET**
 CITY-ST-ZIP **MIAMI FL 33156**

TITLE **TD** ☐ Delete
 NAME **THOMPSON, VIOLETA**
 STREET ADDRESS **6275 S.W. 112TH STREET**
 CITY-ST-ZIP **MIAMI FL 33156**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
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TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PVSD** ☒ Change ☐ Addition
 NAME **ANDRADE PORTO, ZENAIDE**
 STREET ADDRESS **9441 S.W. 76TH ST SUITE V-21**
 CITY-ST-ZIP **MIAMI, FL 33173**

TITLE **TD** ☒ Change ☐ Addition
 NAME **THOMPSON, VIOLETA**
 STREET ADDRESS **9441 S.W. 76TH ST SUITE V-21**
 CITY-ST-ZIP **MIAMI, FL 33173**

TITLE **D.** ☐ Change ☒ Addition
 NAME **PORTO DE ALMEIDA, CLAUDIUS A.**
 STREET ADDRESS **9441 S.W. 76TH ST SUITE V-21**
 CITY-ST-ZIP **MIAMI, FL 33173**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ 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 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]**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5-31-01

Date

Daytime Phone #

CR2E034 (10/00)