

**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Feb 28, 2003 8:00 am**  
**Secretary of State**

02-28-2003 90430 001 \*\*\*150.00  
02-28-2003 90430 002 \*\*\*\*\*8.75  
02-28-2003 90430 003 \*\*\*\*\*5.00

DOCUMENT # P00000093179

1. Entity Name

GARBOSO, Inc.



**DO NOT WRITE IN THIS SPACE**

55012636

2. Principal Place of Business

6309 CANDLEWICK CT.

3. Mailing Address

6309 CANDLEWICK CT.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

SYKESVILLE, MD

City & State

SYKESVILLE, MD.

4. FEI Number

59-3677648

Applied For

Not Applicable

Zip

21784

Country

U.S.A.

Zip

21784

Country

U.S.A.

5. Certificate of Status Desired



\$8.75 Additional  
Fee Required

7. Name and Address of Current Registered Agent

Name

MR. LEOPOLDO AZPURUA, Sr.

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

4321 SW 81<sup>ST</sup> PLACE

City

GAINESVILLE

FL

Zip Code

32608

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

MR. LEOPOLDO AZPURUA Sr.

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

(NOTE: Registered Agent signature required when reinstating)

02/10/03

DATE

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

Make Check Payable to Florida Department of State

9. Election Campaign Financing  
Trust Fund Contribution.



\$5.00 May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
P/T/S/D/C/M  
RAUL ANTONIO GARRIDO FUENMAYOR  
6309 CANDLEWICK CT.  
SYKESVILLE, MD, 21784

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
V  
COSETTE BUSQUETS TURNER  
6309 CANDLEWICK CT.  
SYKESVILLE, MD, 21784

TITLE  
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STREET ADDRESS  
CITY - ST - ZIP

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12. 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 10 or on an attachment with an address, with all other like empowered.

SIGNATURE

RAUL GARRIDO

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

02/10/03 (410) 9842087

Date

Daytime Phone #

CR2E034B (12/02)