

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 28, 2001 8:00 am**  
**Secretary of State**

04-28-2001 90041 049 \*\*\*150.00

DOCUMENT # P00000109061

1. Entity Name  
**GARAY & ASSOCIATES, P.A.**  
**RAWNY GARAY, P.A.**

Principal Place of Business 11411 NW 35TH STREET SUNRISE FL 33323	Mailing Address 11411 NW 35TH STREET SUNRISE FL 33323
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business <b>19 WEST FLAGLER ST</b>	3. Mailing Address <b>19 WEST FLAGLER ST</b>
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Suite, Apt. #, etc. <b>SUITE 605</b>	Suite, Apt. #, etc. <b>SUITE 605</b>
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City & State <b>MIAMI FL</b>	City & State <b>MIAMI FL</b>
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Zip <b>33130</b>	Country <b>USA</b>	Zip <b>33130</b>	Country <b>USA</b>
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4. FEI Number <b>65-1058031</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent  
**GARAY, RAWNY**  
**11411 NW 35TH STREET**  
**SUNRISE FL 33323**

7. Name and Address of New Registered Agent  
 Name **RAWNY GARAY**  
 Street Address (P.O. Box Number is Not Acceptable)  
**19 WEST FLAGLER STREET**  
**SUITE 605**  
 City **MIAMI** **FL** Zip Code **33130**

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 **RAWNY GARAY**  
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.

**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	<b>D</b> <input type="checkbox"/> Delete <b>GARAY, RAWNY</b> <b>11411 NW 35TH STREET</b> <b>SUNRISE FL 33323</b>
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
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	<b>D</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>RAWNY GARAY</b> <b>19 WEST FLAGLER ST SUITE 605</b> <b>MIAMI, FL 33130</b>
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
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: **RAWNY GARAY** **4/23/01** **305-373-8355**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)