

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000109989

1. Entity Name

GAIRA BAY PUBLISHING, INC.

Principal Place of Business

3971 SW 8TH STREET SUITE 305
MIAMI FL 33134 - 2951

Mailing Address

3971 SW 8TH STREET SUITE 305
MIAMI FL 33134 - 2951

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-1077010

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SOSA, GUILAINE LAMAR ESQ
3971 SW 8TH STREET SUITE 305
MIAMI FL 33134 - 2951

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	D	<input checked="" type="checkbox"/> Delete
NAME	SOSA, GUILAINE LAMAR ESQ	
STREET ADDRESS	3971 SW 8TH STREET SUITE 305	
CITY-ST-ZIP	MIAMI FL 33134	
TITLE	P	<input type="checkbox"/> Delete
NAME	Carlos A. Vives	
STREET ADDRESS	3971 S.W. 8 Street, Suite # 305	
CITY-ST-ZIP	Miami, FL 33	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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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	P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Carlos A. Vives	
STREET ADDRESS	3971 S.W. 8 Street, Suite # 305	
CITY-ST-ZIP	Miami, FL 33134-2951	
TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Eduardo A. Noguera	
STREET ADDRESS	3971 S.W. 8 Street, Suite # 305	
CITY-ST-ZIP	Miami, FL 33134-2951	
TITLE	T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Herlinda M. Vives	
STREET ADDRESS	3971 S.W. 8 Street, Suite # 305	
CITY-ST-ZIP	Miami, FL 33134-2951	
TITLE	S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Rafael E. Sosa	
STREET ADDRESS	3971 S.W. 8 Street, Suite # 305	
CITY-ST-ZIP	Miami, FL 33134-2951	
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:

Rafael E Sosa
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Rafael E Sosa VP

Date

3/19/01 (305) 442-474

Daytime Phone #



DO NOT WRITE IN THIS SPACE

0004017

CR2E034 (10/00)