

**NOT-FOR-PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

1002

**FILED**

02 OCT -9 AM 11:38

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **PO1000 007 839**

1. Entity Name

**GAVI USA Import-Export Corp.**

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

**8163 NW 74 AVE**

Suite, Apt. #, etc.

3. Mailing Address

**8163 NW 74 AVE**

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

**Medley, FL**

City & State

**Medley, FL**

4. FEI Number

**05-1076271**

Applied For

Not Applicable

Zip

**33166**

Country

**US**

Zip

**33166**

Country

**US**

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

7. Name and Address of Current Registered Agent

Name

**Agustin O. Perez**

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

**8163 NW 74 AVE**

City

**MEDLEY**

**FL**

Zip Code

**33166**

**DO NOT WRITE  
IN THIS SPACE**

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 of principal officer or registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**10/8/02.**

**FEE IS \$61.25**

**Initial or Amended UBR**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**Make Check Payable to  
Department of State**

10. OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**(CPD) Agustin O. Perez  
8163 NW 74 AVE  
MEDLEY, FL 33166**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**100008598591  
10/25/02--01098--009 \*\*150.00**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**(D) EDMUNDO M. BARREDO  
8163 NW 74 AVE  
MEDLEY, FL 33166**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

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IN THIS SPACE**

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 617, Florida Statutes; and that my name appears in Block 10 or on an attachment with an address, with all other officers empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

**10/8/02.**

Daytime Phone #

CR2E037B (12/01)

2002

Division of Corporations  
P.O. BOX 6327  
Tallahassee, FL 32314

Per instructions from Division of Corporations, I am attaching a check in the amount of \$150.00 for the annual report fee with my application.

I also state that on July 15 2001 we change our address and we made a change of address at the Post Office but the U.B.R. for the year 2002 was never received or any other notice from the Division of Corporations in respect with my Corporation **GAVI USA IMPOR EXPORT, CORP.**

Thank you for your courtesy in this matter.



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**AGUSTIN PEREZ**  
**PRESIDENT**