9/12/2002-90083-036-$550.00-$550.00

2002 UNIFORM BUSINESS REPORT (UBR)

FILED

02 OCT 14 AM 11:52

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P01000029539

1. Entity Name
GARRAM HOMES, INC.

Principal Place of Business	Mailing Address
250 CATALONIA CORAL GABLES FL 33134	250 CATALONIA CORAL GABLES FL 33134

DO NOT WRITE IN THIS SPACE

65-112-

2. Principal Place of Business	3. Mailing Address
285 Scuilla Avenue	285 Scuilla Avenue
Suite, Apt. #, etc. 2nd floor	Suite, Apt. #, etc. 2nd floor
City & State Coral Gables FL	City & State Coral Gables, FL
Zip 33134 Country DADE	Zip 33134 Country DADE

4. FEI Number 65-112-4782 ☐ 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
RAMIREZ, RAFAEL (RALPH) 250 CATALONIA CORAL GABLES FL 33134	Name: Rafael Ramirez (Ralph) Street Address (P.O. Box Number is Not Acceptable) 285 Scuilla Avenue, 2nd floor Coral Gables, FL 33134 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. I am familiar with, and accept the obligations of registered agent.

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 $550.00
After September 13, 2002 Fee will be $750.00
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			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RAMIREZ, RAFAEL (RALPH) 250 CATALONIA CORAL GABLES FL 33134	☑ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	President Rafael Ramirez (Ralph) 285 Scuilla Avenue ☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	President RAMIREZ, Rafael (Ralph) 285 Scuilla Avenue 2nd Fl Coral Gables 33134 ☑ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	V. President Sesus Garcia 285 Scuilla Avenue 2nd floor, Coral Gables, FL 33134 ☐ Change ☑ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

CR2E034 (4/02)

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: SIGNATURE Rafael Ramirez 9-4-02

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #