## **2002 UNIFORM BUSINESS REPORT (UBR)**

SIGNATURE:

## **FILED** May 28, 2002 8:00 am & Secretary of State P01000030678 DOCUMENT # 1. Entity Name GAVHER INC. 05-28-2002 91782 005 \*\*\*150.00 Principal Place of Business Mailing Address 3605 SW 60TH PLACE 3605 SW 60TH PLACE · \* \* O \* O \* O **MIAMI FL 33155 MIAMI FL 33155** 2. Principal Place of Business Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name GAVIRIA, MARIA J Street Address (P.O. Box Number is Not Acceptable) 3605 SW 60TH PLACE **MIAMI FL 33155** City 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 " nie Da SIGNATURE . (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable. 10. Election Campaign Financing 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 £1. 12. (9/01)TITLE PTD Delete مَّ TITLE \_\_\_ Addition NAME gaviria, maria j NAME NEIVYS M. HERMANDER STREET ADDRESS 3605 SW 60TH PLACE STREET ADDRESS 3605 SW 60 PC miami A 33155 CITY-ST-ZIP **MIAMI FL 33155** CITY-ST-ZIP ☐ Delete TITLE Addition NAME HERNANDEZ, NELVYS NAME CAVIRIA, MARIA J 3605 SW GOPC STREET ADDRESS 3605 SW 60TH PLACE STREET ADDRESS CITY-ST-ZIP **MIAMI FL 33155** CITY\_ST-ZIP TITLE Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Addition ☐ Change NAME NAMÉ STREET ADDRESS STREET ADDRESS CITY-ST-ZIF CITY-ST-ZIP TITLE ☐ Delete TIT! F ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 all address, with all other like empowered.