

# 2002 UNIFORM BUSINESS REPORT (UBR)

9/2/02

**FILED**  
**Sep 17, 2002 8:00 am**  
**Secretary of State**

09-02-2002 90048 031 \*\*\*550.00

**DOCUMENT # P01000083482**

1. Entity Name  
**GATOR LUMBER AND BUILDING SUPPLY, INC.** ✓

Principal Place of Business

**95 MERRICK WAY  
 SUITE 514  
 CORAL GABLES FL 33134**

Mailing Address

**95 MERRICK WAY  
 SUITE 514  
 CORAL GABLES FL 33134**

2. Principal Place of Business

**225 S.W. 2nd Avenue**

Suite, Apt. #, etc.

3. Mailing Address

**95 MERRICK WAY**

Suite, Apt. #, etc.

**# 514**

City & State

**Homestead, Florida**

City & State

**Coral Gables, Florida**

Zip

**33030**

Country

**USA**

Zip

**33134**

Country

**USA**

6. Name and Address of Current Registered Agent

**ARIZ, PEDRO A ESO  
 95 MERRICK WAY  
 SUITE 514  
 CORAL GABLES FL 33134**

7. Name and Address of New Registered Agent

Name

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

City

**FL**

Zip Code

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, 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, 2002 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<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>D<br/>ARIZ, PEDRO A ESO<br/>95 MERRICK WAY SUITE 514<br/>CORAL GABLES FL 33134</b> | <input checked="" type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   | <input type="checkbox"/> Delete            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   | <input type="checkbox"/> Delete            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   | <input type="checkbox"/> Delete            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   | <input type="checkbox"/> Delete            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   | <input type="checkbox"/> Delete            |

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

|  |  |  |
|--|--|--|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>PRESIDENT<br/>OSVALDO M. VENTO<br/>225 S.W. 2nd Avenue<br/>Homestead, Florida 33030</b>   | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>VICE PRESIDENT<br/>CARLOS ARAGON<br/>225 S.W. 2nd Avenue<br/>Homestead, Florida 33030</b> | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>VICE PRESIDENT<br/>JORGE LOPEZ<br/>225 S.W. 2nd Avenue<br/>Homestead, Florida 33030</b>   | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>SECRETARY<br/>CARLOS ARAGON<br/>225 S.W. 2nd Avenue<br/>Homestead, Florida 33030</b>      | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>TREASURER<br/>JORGE LOPEZ<br/>225 S.W. 2nd Avenue<br/>Homestead, Florida 33030</b>        | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>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: SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**8-27-02 (305) 444-7371**

CR2E034 (9/01)

Attachment 99534  
[REDACTED]

**DUARTE, ARIZ & PIEDRA, LLP.** # PD1000083482  
ATTORNEYS AND COUNSELLORS

THE ALHAMBRA WEST  
95 MERRICK WAY, SUITE 514  
CORAL GABLES, FLORIDA 33134

TELEPHONE (305) 444-7311

FACSIMILE (305) 441-7026

August 22, 2002

Uniform Business Report  
Division of Corporations  
P.O. Box 1500  
Tallahassee, Florida 32302-1500

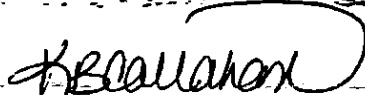
Re: Gator Lumber and Building Supply; 2002 Uniform Business Report

To Whom It May Concern:

Enclosed, please find check # 6132 in the amount of \$550.00 to cover the filing fee for the above-referenced 2002 Uniform Business Report.

If you should have any questions, please do not hesitate to contact the undersigned. Thank you.

Sincerely,



Kimberly Branam-Callahan  
Legal Assistant

Enclosure