

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 05, 2003 8:00 am**  
**Secretary of State**

02-03-2003 90164 023 \*\*\*150.00

**DOCUMENT # P01000083482**

1. Entity Name

GATOR LUMBER AND BUILDING SUPPLY, INC.



Principal Place of Business  
225 SW 2ND AVENUE  
HOMESTEAD FL 33030

Mailing Address  
95 MERRICK WAY  
#514  
CORAL GABLES FL 33134

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



☐ CHECK HERE IF MAKING CHANGES

4. FEI Number

APPLIED FOR

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

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

Name Osvaldo M. Vento

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

6991 SW 8 ST

City Miami

FL

Zip Code 33144

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

**FILE NOW!!! FEE IS \$150.00**

**After May 1, 2003 Fee will be \$550.00**

**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	<input type="checkbox"/> Delete
NAME	VENTO, OSVALDO M	
STREET ADDRESS	225 SW 2ND AVENUE	
CITY-ST-ZIP	HOMESTEAD FL 33030	
TITLE	VP	<input type="checkbox"/> Delete
NAME	ARAGON, CARLOS	
STREET ADDRESS	225 SW 2ND AVENUE	
CITY-ST-ZIP	HOMESTEAD FL 33030	
TITLE	VP	<input type="checkbox"/> Delete
NAME	LOPEZ, JORGE	
STREET ADDRESS	225 SW 2ND AVENUE	
CITY-ST-ZIP	HOMESTEAD FL 33030	
TITLE	S	<input type="checkbox"/> Delete
NAME	ARAGON, CARLOS	
STREET ADDRESS	225 SW 2ND AVENUE	
CITY-ST-ZIP	HOMESTEAD FL 33030	
TITLE	T	<input type="checkbox"/> Delete
NAME	LOPEZ, JORGE	
STREET ADDRESS	225 SW 2ND AVENUE	
CITY-ST-ZIP	HOMESTEAD FL 33030	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

*Osvaldo M. Vento*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01-23-03

Date

305-26-1155

Daytime Phone #

CR2E034 (10/02)