## 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

## **DOCUMENT #**

P02000003642

1. Entity Name GAR OF USA, INC.



#1LED
Mar 12, 2003 8:00 am
Secretary of State

03-12-2003 90094 0?\* \*\*\*1 50 €

## ASS US HWY 18, SUITE 280 HOUDAY FL 34691  ## Principal Place of Business    Suite, Apt. #, etc.							COD WE THO						
Suring, April #, etc.   Sule, April #, etc.   Sule, April #, etc.   City & State   Country   Zip   Z				2435 U.S. HWY 19. SUITE 260					70027323				
City & State  City & State  City & State  Country  Zp  Country  Special Country  Special Country  Special Country  Special Country  6. Name and Address of Current Registered Agent  7. Name and Address of New Registered Agent  Name  Special & UTREPA, PA  1840 SW 22ND ST.  4TH FLOOR  MAMI F1 33145  Tity  Tity  Special & Utrepa Country  Street Address (P.O. Box Number is Not Acceptable)  Street Address (P.O. Box Number is Not Acceptable)  Street Address of New Registered Agent  City  FL Zip Coor  Tity  Special Country  FL Zip Coor  The above named entity submits this statement for the purpose of changing its registered affice or registered agent, or both, in the State of Florida. *Lam familiar with, and accept the obligations of registered agent, or both, in the State of Florida. *Lam familiar with, and accept the obligations of registered agent, or both, in the State of Florida. *Lam familiar with, and accept the obligations of registered agent, or both, in the State of Florida. *Lam familiar with, and accept the obligations of registered agent, or both, in the State of Florida. *Lam familiar with, and accept the obligations of registered agent, or both, in the State of Florida. *Lam familiar with, and accept the obligations of registered agent, or both, in the State of Florida. *Lam familiar with, and accept the obligations of registered agent, or both, in the State of Florida. *Lam familiar with, and accept the obligations of registered agent, or both, in the State of Florida. *Lam familiar with, and accept the obligations of Florida. *Lam familiar with, and accept the obligations of registered agent, or both, in the State of Florida. *Lam familiar with, and accept the obligations of Florida. *Lam familiar with, and accept the obligations of Florida. *Lam familiar with, and accept the obligations of Florida. *Lam familiar with, and accept the obligations of Florida. *Lam familiar with, and accept the obligations of Florida. *Lam familiar with, and accept the obligations of Florida. *Lam familiar with, and accep	2. Principal Pla	ice of Busine	ess	3. Mailing Address					I (BRIEBO) ELL BREEB HOLL BREEL BR	<b>10</b>     <b>10</b>     <b>1</b>	AUU IIMU DIIH		
City & States    Country   Zip   Country   Zip   Country   S. Certificate of Status Desired   S8.75 Auditional Fee Required	Suite, Apt. #	, etc.		Suite, Apt. #, etc.					☐ CHECK HERE IF MAKING CHANGES				
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1840 SW 22ND ST. 4TH FLOOR MIAMIF E 33145  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    Superawa speed or presidence of registered agent and site is speciable.   INOTE flergasered Agent agenture requires when releasing)   DATE	<del></del> ,	o. Hame	and Address of Carrette			-::	Name	<u> </u>	enga siki dan kelalah sebesah bigai		-	-	
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W. for the expension stated in Section 119 07(3)(i) Florida Statutes I further certify that the information	CITY-ST-ZIP						3						
		Certify that th	e information supplied wit	h this filind	does not qualify f	or the ex	cemption stated in	n Section	119.07(3)(i), Florida Statutes	I further cer	tify that the	information	

of the corporation or the receiver or trustee empowered to execute this report changed, or on an attackment with an address, with all other like empowered.

SIGNATURE: