FILED

4/03/2003

561- 307-3081

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Apr 07, 2003 8:00 am Secretary of State P02000121555 DOCUMENT # 04-07-2003 90195 034 ***150 00 1. Entity Name GARVANIAN CONSTRUCTION, INC. Principal Place of Business Mailing Address 13615 SOUTH DIXIE HIGHWAY #302 13615 SOUTH DIXIE HIGHWAY #302 MIAMI FL 33176 **MIAMI FL 33176** 2. Principal Place of Business 3. Mailing Address BOULEVARD 4521 PGA 4521 PGA BOULDIARD Suite, Apt. #, etc Suite, Apt. #, etc. M CHECK HERE IF MAKING CHANGES # 119 #119 City & State City & State 4. FEI Number Applied For 38-3665097 POLM BEACH GARDIENS PALLI BEACH GARDDENS, PL Not Applicable Country Country \$8.75 Additional 5. Certificate of Status Desired ひろみ 33418 いろん Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent GARDANIAN, THOMAS GARVANIAN, THOMAS Street Address (P.O. Box Number is Not Acceptable)
4521 PGA BOULEN AZD 13615 SOUTH DIXIE HIGHWAY #302 MIAMI FL 33176 City PALM BISICH GAZDONS 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 Thomas frimmian THOMAS GAENANIAN DIRECTOR SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2003 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. Delete TITLE TITLE K Change Addition GARVANIAN, THOMAS NAME NAME STREET ADDRESS 13615 SOUTH DIXIE HIGHWAY #302 STREET ADDRESS 4521 PGA BOULEVARD HIM CITY-ST-ZIP **MIAMI FL 33176** CITY-ST-7IP POLLU BEACH GAEDBUS, FL 33418 TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADORESS CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-SY-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7/P CITY-ST-ZIP TITLE TITLE ☐ Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP 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.