

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 30, 2003 8:00 am
Secretary of State

04-30-2003 90318 030 ***150.00

DOCUMENT # P02000122239

1. Entity Name
GIRO ENTERPRISES, INC.



Principal Place of Business **Mailing Address**
~~4915 S.W. 8TH STREET~~ **3751 NW Flagler** ~~4915 S.W. 8TH STREET~~ **411 NE 53 ST**
~~MIAMI FL 33137~~ **MIAMI FL 33137**

2. Principal Place of Business **3. Mailing Address**
~~4915 S.W. 8TH STREET~~ **3751 NW Flagler** ~~4915 S.W. 8TH STREET~~ **411 NE 53 ST**

Suite, Apt. #, etc. **Suite, Apt. #, etc.**

City & State **City & State**
Miami **FL 33137**

Zip **Country** **Zip** **Country**
33136 **DADE USA** **33137** **USA**

6. Name and Address of Current Registered Agent

ROIG, ALAN
4915 S.W. 8TH STREET **411 NE 53 ST**
MIAMI FL 33137

7. Name and Address of New Registered Agent

Name **ROIG, ALAN**
Street Address (P.O. Box Number is Not Acceptable) **411 NE 53 ST**
City **MIAMI** **FL** **Zip Code** **33137**

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 **\$5.00 May Be**
Trust Fund Contribution. **Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE **D** **ROIG, ALAN** ☐ Delete
NAME
STREET ADDRESS **422 N.E. 53RD STREET**
CITY-ST-ZIP **MIAMI FL 33137**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

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TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** **ROIG, ALAN** ☒ Change ☐ Addition
NAME
STREET ADDRESS **411 NE 53 ST**
CITY-ST-ZIP **MIAMI - FL 33137**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)