

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P93000003569

1. Entity Name

GAUR INVESTMENTS OF FLORIDA, INC.

FILED

Apr 27, 2001 8:00 am
Secretary of State

04-27-2001 90290 030 ***150.00

Principal Place of Business

1500 SAN REMO AVENUE
STE 125
CORAL GABLES FL 33146
US

Mailing Address

1500 SAN REMO AVENUE
STE 125
CORAL GABLES FL 33146
US

645821



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

200 S. Biscayne Blvd.

3. Mailing Address

200 S. Biscayne Blvd.

Suite, Apt. #, etc.

Suite 4100

Suite, Apt. #, etc.

Suite 4100

City & State

Miami, FL

City & State

Miami, FL

4. FEI Number

65-0380388

Applied For

Not Applicable

Zip

33131

Country

Zip

33131

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

STAMEN, ROBERT A
1500 SAN REMO AVENUE
STE 125
CORAL GABLES FL 33146

7. Name and Address of New Registered Agent

Name

RJVF CORPORATE SERVICES INC.

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

200 S. Biscayne Boulevard

Suite 4100

City

Miami

Zip Code

33131

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, 2001 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	P	<input checked="" type="checkbox"/> Delete
NAME	BLOHM, ALFREDO	
STREET ADDRESS	APARTADO 2018	
CITY-ST-ZIP	CARACAS 1010-A VE	
TITLE	VPD	<input checked="" type="checkbox"/> Delete
NAME	BLOHM, CARLOS H	
STREET ADDRESS	APARTADO 2018	
CITY-ST-ZIP	CARACAS 1010-A VE	
TITLE	ST	<input checked="" type="checkbox"/> Delete
NAME	DE BLOHM, MARGARITA F	
STREET ADDRESS	APARTADO 2018	
CITY-ST-ZIP	CARACAS 1010-A VE	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D/S/P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Heberto Espinosa	
STREET ADDRESS	3408 Alhambra Circle	
CITY-ST-ZIP	Coral Gables, FL 33134	
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		

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)