

2001 UNIFORM BUSINESS REPORT (UBR)**FILED**
Jan 09, 2001 8:00 am
Secretary of State

01-09-2001 90008 018 ***158.75

00000001



DO NOT WRITE IN THIS SPACE

DOCUMENT # P94000000433**1. Entity Name**
GARLEND INVESTMENTS, INC.**Principal Place of Business**
2875 NE 191 ST
PH 1
AVENTURA FL 33180
US
Mailing Address
P. O. BOX 630817
MIAMI FL 33163
US**2. Principal Place of Business****3. Mailing Address**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 65-0458488

Applied For

Not Applicable

5. Certificate of Status Desired ☒ **\$8.75 Additional Fee Required****6. Name and Address of Current Registered Agent**PREMIER ASSET MANAGEMENT INC
2100 PARK CENTRAL BLVD N
SUITE 900
POMPANO BEACH FL 33064**7. Name and Address of New Registered Agent**

Name

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

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.**SIGNATURE** _____ (NOTE: Registered Agent signature required when reinstating) **DATE** _____
Signature, typed or printed name of registered agent and title if applicable.**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** ☐ **\$5.00 May Be Added to Fees**
Trust Fund Contribution.**11. OFFICERS AND DIRECTORS**

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
PD	AZOUT, JACK	3802 NE 207TH ST., SUITE 1502	N. MIAMI BCH. FL	<input type="checkbox"/>
SD	AZOUT, GILDA	3802 NE 207TH STREET, SUITE 1502	N. MIAMI BCH. FL	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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:** Jack Azout
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR1/5/01 (305) 925-5175
Date Daytime Phone #

CR2E034 (10/00)