

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 08, 2001 8:00 am
Secretary of State

02-08-2001 90167 006 ***150.00

DOCUMENT # P94000057127

1. Entity Name
GARBER CORP.

Principal Place of Business
**% 2 S BISCAYNE BLVD
 ONE BISCAYNE TOWER #3400
 MIAMI FL 33131**

Mailing Address
**% 2 S BISCAYNE BLVD
 ONE BISCAYNE TOWER #3400
 MIAMI FL 33131**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **65-0512000**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**VALDES-FAULI CORPORATE SERVICES INC
 2 S BISCAYNE BLVD
 STE 3400
 MIAMI FL 33131-1897**

Name **Valdes-Fauli Corporate Services, Inc.**
 Street Address (P.O. Box Number is Not Acceptable)
2 S. Biscayne Blvd., Suite 3400
 City **Miami** **FL** 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.

VALDES-FAULI CORPORATE SERVICES, INC.

SIGNATURE By: *Raul E. Valdes-Fauli* **Raul E. Valdes-Fauli, President** **1/5/01**
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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PD** ☒ Delete
 NAME **BERUFF, JORGE**
 STREET ADDRESS **2101 CONNECTICUT AVE NW APT 44**
 CITY-ST-ZIP **WASHINGTON DC 20008**

TITLE **PD** ☒ Change ☐ Addition
 NAME **Beruff, Jorge**
 STREET ADDRESS **4402 Westover Place N.W.**
 CITY-ST-ZIP **Washington D.C. 20016**

TITLE **DTVP** ☒ Delete
 NAME **BERUFF, DIANA G**
 STREET ADDRESS **2101 CONNECTICUT AVE NW APT 44**
 CITY-ST-ZIP **WASHINGTON DC 20008**

TITLE **DTVP** ☒ Change ☐ Addition
 NAME **Beruff, Diana G.**
 STREET ADDRESS **4402 Westover Place N.W.**
 CITY-ST-ZIP **Washington D.C. 20016**

TITLE **S** ☐ Delete
 NAME **VALDES-FAULI, RAUL E**
 STREET ADDRESS **2 S. BISCAYNE TRAIL, #3400**
 CITY-ST-ZIP **MIAMI FL**

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ 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: *Raul E. Valdes-Fauli* **Raul E. Valdes-Fauli** **1/5/01** **305-376-6097**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)