

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 16, 2003 8:00 am
Secretary of State

0218397 AV

DOCUMENT # P95000043801

1. Entity Name
GARWOOD SALES, INC.



Principal Place of Business
**201 S. BISCAYNE BLVD
SUITE 3400
MIAMI FL 33131**

Mailing Address
**201 S. BISCAYNE BLVD
SUITE 3400
MIAMI FL 33131**



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 **65-0598139**

Applied For
Not Applicable

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

☒ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**FERRELL, SHULTZ, CARTER, ZUMPTANO & FERTEL, PA
201 S. BISCAYNE BLVD.
SUITE 3400
MIAMI FL 33131**

7. Name and Address of New Registered Agent

Name **Ferrell Group Corporate Services, LLC**
Street Address (P.O. Box Number is Not Acceptable) **201 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *[Signature]* **Asst Sec.**

(NOTE: Registered Agent signature required when reinstating)

DATE **4-14-03**

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

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PD** ☐ Delete
NAME **FERRELL, MILTON M JR.**
STREET ADDRESS **201S BISCAYNE BLVD STE 3400**
CITY-ST-ZIP **MIAMI FL 33131**

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

TITLE **T** ☐ Delete
NAME **FORSHEE, WILLIAM**
STREET ADDRESS **220 MIRACLE MILE, STE 221**
CITY-ST-ZIP **CORAL GABLES FL 33134**

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

TITLE **S** ☐ Delete
NAME **DA CASTIGLIONE, MAYRA C**
STREET ADDRESS **201 S BISCAYNE BLVD STE 3400**
CITY-ST-ZIP **MIAMI FL 33131**

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE ☐ Change ☐ Addition
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STREET ADDRESS
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.

SIGNATURE:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
MAYRA C. DA CASTIGLIONE, Secretary

4-14-03

Date

305-371-8585

Daytime Phone #

CR2E034 (10/02)