

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000053468

1. Entity Name  
GARRIOS, INC.

**FILED**  
**Aug 15, 2000 8:00 am**  
**Secretary of State**

08-15-2000 90009 006 \*\*\*550.00

Principal Place of Business

~~1438 BRICKELL AVENUE~~  
~~MAIN FLOOR~~  
~~MIAMI FL 33131~~

Mailing Address

~~1438 BRICKELL AVENUE~~  
~~MAIN FLOOR~~  
~~MIAMI FL 33131~~

2. Principal Place of Business

1500 NW 12 AVE

Suite, Apt. #, etc.  
MIAMI, FLA

City & State

3. Mailing Address

3700 S.W 104 AVE

Suite, Apt. #, etc.  
MIAMI FLA

City & State



DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0592902

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

~~TURK, HAROLD J~~  
~~1438 BRICKELL AVENUE~~  
~~MAIN FLOOR~~  
~~MIAMI FL 33131~~

7. Name and Address of New Registered Agent

Name ALEXIS EISINGER

Street Address (P.O. Box Number is Not Acceptable)  
3700 S.W 104 AVE

MIAMI FLA

City

FL

Zip Code

33165

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

8/10/00

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 \$550.00**  
**After SEPTEMBER 13, 2000 Min. will be \$750.00**  
**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  
NAME EISINGER, ALEXIS  
STREET ADDRESS ~~1438 BRICKELL AVENUE~~ 3700 S.W 104 AVE  
CITY-ST-ZIP MIAMI FL 33165

TITLE S  
NAME SANTANA, ORLAIDA  
STREET ADDRESS 10740 S.W. 129 COURT  
CITY-ST-ZIP MIAMI FL

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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

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

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

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

7-24-00

Date

305-324-6988

Daytime Phone #

CR2E034 (5/00)