2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT

P95000053468

1. Entity Name

GARRIOS, INC.



FILED Feb 17, 2003 8:00 am Secretary of State 02-17-2003 90171 003 ***150.00

Principal Place of Business 1500 NW 12 AVE MIAMI FL 33136			Mailing Address 3700 SW 104 AVE MIAMI FL 33165								
ace of Busin	ness	3. Mail	3. Mailing Address			1				1401 1414 1851	
Suite, Apt. #, etc.			Suite, Apt. #, etc.				CHECK HERE IF MAKING CHANGES				
City & State			& State	`	4. FEI Number 65-0592		El Number 65-0592902	Applied For Not Applicable			
Zip Country			Zip Country			5. Certificate of Status Desired			Fee Required		
6. Name and Address of Current Registered Agent								gistered Ag	ent		
·					lamo===-	<u>"</u> تسينه	<u> </u>				
EISINGER, ALEXIS 3700 SW 104 AVE					Street Address	(P.O. B	ox Number is Not Acceptable)				
33165									1		
					City			FL	Zip Code	9	
		for the purp	ose of changing its r	egistered o	office or registe	ered ag	ent, or both, in the State of Flori	ida. I am fai	niliar with,	and accept	
Signature, typed	or printed name of registered age	nt and title if app	licable. (NOTE:	: Registered Ag	ent signature require	ed when re	einstating)	DATE			
May 1, 200	3 Fee will be \$550.0						, ,			May Be to Fees	
	OFFICERS AN	D DIRECTO	RS	11.		ΑD	DITIONS/CHANGES TO OFFIC	CERS AND D	PIRECTORS	3 IN 11	
P EISINGER 1428-BRK MIAMI FL	, ALEXIS CHELL AVENUE 37	005.	□ Delete	NAME STREET A					Change	Addition	
S SANTANA 10740 S.V	, ORLAIDA		☐ Delete	1	I				Change	☐ Addition	
MIMIMI T.L.			☐ Delete	TITLE					Change	Addition	
				STREET A							
			□ Delete		- 1				Change	☐ Addition	
- -			Delete		- 1				Change	☐ Addition	
			☐ Delete	CITY-ST-	- ZIP			-1		Addition	
	ace of Busin #, etc. 6. Name ALEXIS 104 AVE 33165 named entitions of regist Signature, typed LE NOW!! May 1, 200 Payable to P EISINGER 1429-BRK MIAMI FL S SANTANA	Country 6. Name and Address of Currer ALEXIS 104 AVE 33165 named entity submits this statement ons of registered agent. Signature, typed or printed name of registered age LE NOW!!! FEE IS \$150.00 May 1, 2003 Fee will be \$550.00 Payable to Florida Department OFFICERS AN P EISINGER, ALEXIS 1428-BRICKELL AVENUE 3 MIAMI FL 331 (65) S SANTANA, ORLAIDA 10740 S.W. 129 COURT MIAMI FL	ALEXIS In ame and Address of Current Registere ALEXIS ALEXIS In ame and Address of Current Registere ALEXIS In ame and Address of Current Registere ALEXIS In amed entity submits this statement for the purposons of registered agent. Signature, typed or printed name of registered agent and title if applications of registered agent. Bignature, typed or printed name of registered agent and title if applications of registered agent. Bignature, typed or printed name of registered agent and title if applications of registered agent a	ALEXIS 104 AVE 3700 SW 104 AVE MIAMI FL 33165 ace of Business #, etc. Suite, Apt. #, etc. City & State Country Zip 6. Name and Address of Current Registered Agent ALEXIS 104 AVE 33165 named entity submits this statement for the purpose of changing its lons of registered agent. Signature, typed or primod name of registered agent and title if applicable. (NOTE LE NOW!!! FEE IS \$150.00 May 1, 2003 Fee will be \$550.00 Payable to Florida Department of State OFFICERS AND DIRECTORS P EISINGER, ALEXIS 1429-BRICKELL AVENUE 3 700 S. JOH AVE MIAMI FL S SANTANA, ORLAIDA 10740 S.W. 129 COURT MIAMI FL Delete Delete	ALEXIS named entity submits this statement for the purpose of changing its registered agent. ALEXIS 104 AVE 33165 Country 6. Name and Address of Current Registered Agent ALEXIS 104 AVE 33165 Country Country 6. Name and Address of Current Registered Agent ALEXIS 104 AVE 33165 Country Co	Mailing Address VE 3700 SW 104 AVE MIAMI FL 33165 Acce of Business 3. Mailing Address 4. etc. Suite, Apt. #, etc. City & State Country 2ip Country 5. Name and Address of Current Registered Agent ALEXIS 104 AVE 33165 City named entity submits this statement for the purpose of changing its registered office or registe one of registered agent. (NOTE: Registered Agent agrature recuired name of impellenced agent and title if applicable. (NOTE: Registered Agent agrature recuired name of impellenced agent and title if applicable. (NOTE: Registered Agent agrature recuired name of impellenced agent and title if applicable. (NOTE: Registered Agent agrature recuired name of impellenced agent and title if applicable. (NOTE: Registered Agent agrature recuired name of impellenced agent and title if applicable. (NOTE: Registered Agent agrature recuired name impellenced agent agrature recuired name impellenced name impellence	Mailing Address VE 3700 SW 104 AVE MIAMI FL 33155 ace of Business 3. Mailing Address 4. 1 Country Zip Country Zip Country Zip Country Zip Country Zip Country Zip Country 5. 0 Street Address of Current Registered Agent ALEXIS 104 AVE 33165 City Street Address (P.O. B 3165 City City May 1, 2003 Fee will be \$550.00 Payable to Florida Department of State OFFICERS AND DIRECTORS PESINGER, ALEXIS 1469-BRICKELL AVENUE 3700 S. JOH HUE SANTANA, ORLAIDA 10740 S.W. 129 COURT MIAMI FL Delete TITLE NAME SIREET ADDRESS CITY-ST-ZIP Delete TITLE NAME SIREET ADDRESS CITY-ST-ZIP Delete TITLE NAME SIREET ADDRESS CITY-ST-ZIP Delete TITLE NAME SIREET ADDRESS CITY-ST-ZIP Delete TITLE NAME SIREET ADDRESS CITY-ST-ZIP Delete TITLE NAME SIREET ADDRESS CITY-ST-ZIP Delete TITLE NAME SIREET ADDRESS CITY-ST-ZIP Delete TITLE NAME SIREET ADDRESS CITY-ST-ZIP Delete TITLE NAME SIREET ADDRESS CITY-ST-ZIP Delete TITLE NAME SIREET ADDRESS CITY-ST-ZIP Delete TITLE NAME SIREET ADDRESS CITY-ST-ZIP Delete TITLE NAME SIREET ADDRESS CITY-ST-ZIP Delete TITLE NAME SIREET ADDRESS CITY-ST-ZIP Delete TITLE NAME SIREET ADDRESS CITY-ST-ZIP Delete TITLE NAME SIREET ADDRESS CITY-ST-ZIP Delete TITLE NAME SIREET ADDRESS CITY-ST-ZIP Delete TITLE NAME SIREET ADDRESS CITY-ST-ZIP Delete TITLE NAME SIREET ADDRESS CITY-ST-ZIP Delete TITLE NAME SIREET ADDRESS CITY-ST-ZIP Delete	Mailing Address WE 3700 SW 104 AVE 870 SW 104 AVE 870 SW 104 AVE 870 SW 104 AVE 870 SW 104 AVE 970 SW 104 AVE 9	Mailing Address WE STOO SW 104 AVE MAME FL 33155 # ctc. Suite, Apt. #, etc. CHPCK HERE IF MAKING C City & State 4. FEI Number 65-0592902 Country Zip Country 5. Certificate of Status Desired FL 6. Name and Address of Current Registered Agent Name and Address of New Registered Agent 7. Name and Address of New Registered Agent Street Address (P.C. Box Number is Not Accoptable) ALEXIS 104 AVE 33165 Street Address (P.C. Box Number is Not Accoptable) Cuty FL Tamed annote submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am far ones of registered agent. Bignature, horse or primary name at agent one title it advances. Cuty FL Tamed annote submit in the State of Florida. I am far ones of registered agent. Cuty FL Tamed annote submit in the statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am far ones of registered agent. Cuty FL Tamed annote submit in the State of Florida. I am far ones of registered agent. Or both, in the State of Florida. I am far ones of registered agent. Cuty FL Tamed annote submit in the State of Florida. I am far ones of registered agent. Cuty FL Tamed annote submit in the State of Florida. I am far ones of registered agent. Cuty FL The Registered Agent submit in the State of Florida. I am far ones of registered agent. Delete The Registered Agent submit in the State of Florida. I am far ones of registered agent. Delete The Registered Agent submit in the State of Florida. I am far ones of registered agent. Delete The Registered Agent submit in the State of Florida. I am far ones of registered agent. Delete The Registered Agent submit in the State of Florida. I am far ones of registered agent. Delete The Registered Agent submit in the State of Florida. I am far ones of registered agent. Delete The Registered Agent submit in the State of Florida. I am far ones of registered agent. Delete The Registe	As Make 1 and Address Mailing Address Mailing Address Make 1 and S Mailing Address Make 1 and Mailing Address Mailing Mailing Mailing Mailing Address Mailing Address Mailing Maili	

indicated on this report or 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 entrustee 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: