

**2000 UNIFORM BUSINESS REPORT (UBR)****DOCUMENT # P95000072763**

1. Entity Name

**GARSON INTERNATIONAL, INC.****FILED**  
**Jan 14, 2000 8:00 am**  
**Secretary of State**

01-14-2000 90029 019 \*\*\*155.00

Principal Place of Business

**10000 SW 30TH STREET  
MIAMI FL 33165**

Mailing Address

**10000 SW 30TH STREET  
MIAMI FL 33165-2909**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

4. FEI Number

**65-0625639**

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

**FLORES, ROSA M  
11825 NW 100 RD., BLDG 1  
MIAMI FL 33178**

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

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, 2000 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	NAME	STREET ADDRESS	CITY-ST-ZIP	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
	PS						
	DIAZ, REMEDIOS	10000 SOUTH WEST 30TH STREET	MIAMI FL 33165				
	T						
	FLORES, ROSA	3001 SOUTH WEST 101ST COURT	MIAMI FL 33165		ROSA DIAZ	11825 NW 100 ROAD	MIAMI, FLORIDA 33178

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 REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**Jan / 3 / 2000** **305 88707**  
Date Daytime Phone #