

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000085223

1. Entity Name

GAR WEST, INC.

FILED

May 04, 2000 8:00 am
Secretary of State

05-04-2000 90142 001 ***158.75

Principal Place of Business

Mailing Address

201 S. BISCAYNE BLVD.
SUITE 1920
MIAMI FL 33131

201 S. BISCAYNE BLVD.
SUITE 4020
MIAMI FL 33131-4329

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

3400

Suite, Apt. #, etc.

3400

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0647498

Applied For

Not Applicable

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

FERRELL, MILTON M JR.
201 S. BISCAYNE BLVD.
SUITE 1920
MIAMI FL 33131

Name

Street Address (P.O. Box Number is Not Acceptable)

SUITE 3400

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 PD
NAME FERRELL, MILTON M JR.
STREET ADDRESS 201 S. BISCAYNE BLVD., SUITE 1920
CITY-ST-ZIP MIAMI FL 33131 ☐ Delete

TITLE
NAME
STREET ADDRESS SUITE 3400
CITY-ST-ZIP ☒ Change ☐ Addition

TITLE S
NAME DACASTIGLIONE, MAYRA D
STREET ADDRESS 201 S. BISCAYNE BLVD., SUITE 1920
CITY-ST-ZIP MIAMI FL 33131 ☐ Delete

TITLE
NAME
STREET ADDRESS SUITE 3400
CITY-ST-ZIP ☒ Change ☐ Addition

TITLE T
NAME NICHOLLS, GREGG
STREET ADDRESS 3300 N UNIVERSITY DR, #604
CITY-ST-ZIP CORAL SPRINGS FL 33065 ☐ Delete

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

TITLE
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STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
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CITY-ST-ZIP ☐ Change ☐ Addition

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CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

Date

Daytime Phone #

4/28/00

305-371-8585