

# 2000 UNIFORM BUSINESS REPORT (UBR)

4/1

DOCUMENT # P96000021224

1. Entity Name

GARRIN AND FACENDO ASSOCIATES, INC.

**FILED**  
**May 18, 2000 8:00 am**  
**Secretary of State**

04-24-2000 90018 003 \*\*\*150.00

Principal Place of Business

Mailing Address

6950 CYPRESS ROAD  
SUITE 208-2  
PLANTATION FL 33317

6950 CYPRESS ROAD  
SUITE 208-2  
PLANTATION FL 33317-2361

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

65-0726794

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

LONDON, MARK S  
4030-C SHERIDAN STREET  
HOLLYWOOD FL 33021

7. Name and Address of New Registered Agent

Name

Michael Facendo

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

6950 Cypress Road

Suite 208-2

City

Plantation FL 33317

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 Michael Facendo  
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

5/12/00  
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

TITLE **PTD** ☒ Delete  
NAME **GARRIN, HARMON**  
STREET ADDRESS **6950 CYPRESS ROAD, STE. 208-2**  
CITY-ST-ZIP **PLANTATION FL 33317**

TITLE **VPD** ☐ Delete  
NAME **FACENDO, MICHAEL**  
STREET ADDRESS **6950 CYPRESS ROAD, STE. 208-2**  
CITY-ST-ZIP **PLANTATION FL 33317**

TITLE **SD** ☒ Delete  
NAME **GARRIN, EVELYN**  
STREET ADDRESS **6950 CYPRESS ROAD, STE. 208-2**  
CITY-ST-ZIP **PLANTATION FL 33317**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

TITLE **President** ☒ Change ☐ Addition  
NAME **Facendo, Michael**  
STREET ADDRESS **6950 Cypress Road, Ste. 208-2**  
CITY-ST-ZIP **Plantation FL 33317**

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

TITLE **Vice President** ☐ Change ☐ Addition  
NAME **Deborah Facendo**  
STREET ADDRESS **6950 Cypress Road, Ste. 208-2**  
CITY-ST-ZIP **Plantation FL 33317**

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

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

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: Michael Facendo  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Michael Facendo 5/12/00 954-423-0801  
President Date Daytime Phone #