

FILED  
May 08, 2002 8:00 am  
Secretary of State

05-08-2002 90139 040 \*\*\*150.00

FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000095808  
1. Entity Name GARRIC CORPORATION

**DO NOT WRITE IN THIS SPACE**

653110

2. Principal Place of Business  
2102 N. FLAMINGO ROAD  
Suite, Apt. #, etc.

3. Mailing Address  
3000 N. UNIVERSITY DRIVE  
Suite, Apt. #, etc.  
SUITE E

City & State  
PEMBROKE PINES FL

City & State  
CORAL SPRINGS FL

Zip  
33028-3501

Zip  
33065

DO NOT WRITE IN THIS SPACE

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
65-0711796

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

7. Name and Address of Current Registered Agent  
Name JOSEPH E. MILLER  
Street Address (P.O. Box Number is Not Acceptable)  
3000 N. UNIVERSITY DRIVE  
SUITE E  
City CORAL SPRINGS FL Zip Code 33065

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 JOSEPH E. MILLER [Signature] 4/18/02  
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. ☐

January 1 - May 1 Fee is \$150.00  
After May 1, Fee is \$550.00  
Amended UBR is \$61.25  
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	NAME	STREET ADDRESS	CITY - ST - ZIP
	<u>P. RICCI, JOEL P.</u>	<u>2409 N.W. 5th Ave.</u>	<u>FT LAUDERDALE, FL 33311</u>
	<u>GARCIA, JORGE L.</u>	<u>4991 S.W. 32nd Ave</u>	<u>FT LAUDERDALE, FL 33312</u>

**DO NOT WRITE IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE: [Signature] JOEL RICCI 4/10/02 954-432-2300  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034B (12/01)