## 2000 UNIFORM BUSINESS REPORT (UBR)

## FILED Jan 14, 2000 8:00 am Secretary of State DOCUMENT # P96000102784 GARAY MARKETING GROUP, INC. 01-14-2000 90024 022 \*\*\*150.00 Principal Place of Business Mailing Address 9201 SW 75 STREET 9201 SW 75 STREET MIAMI FL 33173-3210 MIAMI FL 33173 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For 4. FEI Number City & State City & State 65-0713064 Not Applicate Country \$8.75 Additional Zip Country Zip 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent GARAY ANGEL Street Address (P.O. Box Number is Not Acceptable) 9201 SW 75 STREET **MIAMI FL 33173** 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 DATE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. 11. PTD [] Change Addition Delete TITLE TITLE GARAY, ANGEL NAME NAME 9201 SW 75 STREET STREET ADDRESS STREET ADDRESS CITY-ST-ZIP **MIAMI FL 33173** CITY-ST-7IP ☐ Change Addition Delete TITLE GARAY, ALMA NAME 9201 SW 75 STREET STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **MIAMI FL 33173** 🗀 Change ☐ Addition Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition Change Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition TIT) F Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP

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 for suppliemental 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 dereceive or flustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if indicated on this report or su of the corporation or the rece an address, with all other like empowered

SIGNATURE:

13. I hereby certify that the