

2000 UNIFORM BUSINESS REPORT (UBR)**FILED****Feb 07, 2000 8:00 a
Secretary of State**

02-07-2000 90036 040 ***158.75

DOCUMENT # P97000022357

1. Entity Name

GIRO INVESTMENTS GROUP, INC.

Principal Place of Business

Mailing Address

**41 S. ROYAL PONCIANA BLVD.
MIAMI FL 33166****41 S. ROYAL PONCIANA BLVD.
MIAMI FL 33166-6058****C0017761**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0739020

Not

Zip

Country

Zip

Country

5. Certificate of Status Desired ☒**\$8.75**

Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

GIRO, LUIS**41 S. ROYAL PONCIANA BLVD.****MIAMI FL 33166**

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**

Added to :

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN

TITLE		<input type="checkbox"/> Delete
NAME	P	
STREET ADDRESS	GIRO, LUIS	
CITY-ST-ZIP	41 S. ROYAL PONCIANA BLVD. MIAMI SPRINGS FL 33166	

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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TITLE		<input type="checkbox"/> Change
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 12, changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Luis Giro
REQUIRED
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/31/2000 305-887-