

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 16, 2000 8:00 am
Secretary of State

05-16-2000 90039 025 ***150.00

DOCUMENT # P98000011344

1. Entity Name
G.A.R.A.L. OF MIAMI, INCORPORATED

Principal Place of Business 1058 NW 22 STREET MIAMI FL 33127	Mailing Address 1058 NW 22 STREET MIAMI FL 33127-4526
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
City & State	City & State
Zip	Country



DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0813047	Applied For <input type="checkbox"/> Not Applicable
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6. Name and Address of Current Registered Agent
GARCIA, EDUARDO J
1101 BRICKELL AVENUE SUITE 702 S
MIAMI FL 33131

7. Name and Address of New Registered Agent
 Name
MARCTA B. CABALLERO
 Street Address (P.O. Box Number is Not Acceptable)
2450 S.W. 137th Avenue,
Suite 221
 City **Miami** FL Zip Code **33175**

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 date if applicable. (NOTE: Registered Agent signature required when reinstating)

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 NAME STREET ADDRESS CITY - ST - ZIP	D <input type="checkbox"/> Delete ROMERO, ANTONIO 13601 SW 6 ST MIAMI FL 33184
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DVP <input checked="" type="checkbox"/> Delete CARRAL, INES 13601 SW 6ST MIAMI FL 33184
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DT <input type="checkbox"/> Delete SORDO, ASIGGLO 2231 SW 14 STREET MIAMI FL 33145
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DS <input checked="" type="checkbox"/> Delete CARRAL, INES 13601 SW 6 ST MIAMI FL 33144
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D/T <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition ROMERO, ANTONIO 13601 SW 6th STREET MIAMI, FLORIDA 33184
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DVPS <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition ASISCLO SORDO 2231 SW 14th STREET MIAMI, FLORIDA 33145
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: DATE _____ DAYTIME PHONE # _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/99)