

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 23, 2001 8:00 am
Secretary of State
 04-23-2001 90153 018 ***150.00

DOCUMENT # P98000107694

1. Entity Name

142 GIRALDA CORP.

Principal Place of Business

**2100 PONCE DE LEON BLVD
 #601
 CORAL GABLES FL 33134**

Mailing Address

**1643 BRICKELL AVE
 APT 2305
 MIAMI FL 33129**

00039484



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

2100 Ponce de Leon Blvd.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite 601

City & State

City & State

Coral Gables, FL

4. FEI Number

65-0895884

Applied For

Not Applicable

Zip

Country

Zip

Country

33134

USA

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**CORPCO, INC.
 2699 SOUTH BAYSHORE DRIVE, 7TH FLOOR
 MIAMI FL 33133**

Name

Jorge I. Garcia-Sarraff

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

2100 Ponce de Leon Blvd.

Suite 601

City

Coral Gables,

FL

Zip Code

33134

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.

JORGE I. GARCIA-SARRAFF

(NOTE: Registered Agent signature required when reinstating)

DATE

4/16/01

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, 2001 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete
 NAME **PD**
 STREET ADDRESS **AMIN, SAIDEN**
 CITY-ST-ZIP **1643 BRICKELL AVE #205**
MIAMI FL 33129

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

TITLE ☐ Delete
 NAME **SD**
 STREET ADDRESS **SAIDEN, SILVIA DE**
 CITY-ST-ZIP **1643 BRICKELL AVE #2305**
MIAMI FL 33129

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

TITLE ☐ Delete
 NAME **TD**
 STREET ADDRESS **DE NAVARRO, SILVIA**
 CITY-ST-ZIP **1643 BRICKELL AVE #2305**
MIAMI FL 33129

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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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 or other like empowered.

SIGNATURE:

Jorge I. Garcia-Sarraff
 Registered Agent
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/16/01 (305) 445-0885
 Date Daytime Phone #

CR2E034 (10/00)