

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 05, 2000 8:00 am**  
**Secretary of State**

04-05-2000 90067 017 \*\*\*150.00

**DOCUMENT # P99000023269**

1. Entity Name  
**GARRIDO MANUFACTURING INC**

Principal Place of Business 17400 NE 12TH CT N MIAMI BEACH FL 33162	Mailing Address 17400 NE 12TH CT N MIAMI BEACH FL 33162-1231
---	--



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business <b>7258 NW 66th</b>	3. Mailing Address <b>1041 NW 125 AVE</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State <b>Miami FL 33166</b>	City & State <b>Sunrise FL 33323</b>
Zip	Zip
Country	Country

4. FEI Number <b>65-091703</b>	Applied For <input type="checkbox"/>
	Not Applicable <input type="checkbox"/>

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

**6. Name and Address of Current Registered Agent**

**SHAPPE, ALLEN P**  
**17400 NE 12TH CT**  
**N MIAMI BEACH FL 33162**

**7. Name and Address of New Registered Agent**

Name **DAVID TRAPER**  
 Street Address (P.O. Box Number is Not Acceptable)  
**1041 NW 125 AVE**  
 City **SUNRISE** FL Zip Code **33323**

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 *David Traper* DATE 3/27/00  
Signature, typed or printed name of registered agent and title 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**

**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
		<b>Pres Diego Garrido 451 Bermuda DR FT Lauderdale FL 33323</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	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"/> Delete	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"/> Delete	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"/> Delete	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"/> Delete	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: *[Signature]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date 3/31/00 Daytime Phone # 305/593-9030

CR2E034 (9/99)