

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000044387

1. Entity Name

GAVILAND GROVE INVESTMENTS TOO, INC.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 NOV 30 PM 4:25

Principal Place of Business

601 BRICKELL KEY DR. #601
MIAMI FL 33131

Mailing Address

601 BRICKELL KEY DR. #601
MIAMI FL 33131

2. Principal Place of Business

111 NE 1st Street

Suite, Apt. #, etc.

Suite 902

City & State

Miami, FL 33132

3. Mailing Address

111 NE 1st Street

Suite, Apt. #, etc.

Suite 902

City & State

Miami, FL 33132



REINSTATEMENT

4. FEI Number

65-1018813

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

DE LA CRUZ, LUIS F JR
241 SEVILLA AVENUE SUITE 805
CORAL GABLES FL 33134

7. Name and Address of New Registered Agent

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

11/27/00

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 \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
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 PSD
NAME TARRAU, GABRIEL
STREET ADDRESS 601 BRICKELL KEY DR. #601
CITY-ST-ZIP MIAMI FL 33131 ☐ Delete

TITLE V
NAME DE LA CRUZ, LUIS F JR
STREET ADDRESS 241 SEVILLA AVE #805
CITY-ST-ZIP CORAL GABLES FL-33134 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
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STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
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STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

GABRIEL TARRAU 09/30/00 3057331-4309

CR2E034 (500)