

Sent By: DELACRUZ and CUTLER;

3054457750 ;

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FILED
May 21, 2001 8:00 am
Secretary of State

05-21-2001 90355 030 ***150.00

200 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT #** P99000044387

1. Entity Name

GAVILAND GROVE INVESTMENTS TOO, INC.

Principal Place of Business
111 NE 1ST STREET
SUITE 902
MIAMI, FL 33132Mailing Address
111 NE 1ST STREET
SUITE 902
MIAMI, FL 33132

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-1018813

Applied For

Not Applicable

Zip

Country

Zip

Country

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

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

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

Printable, typed or printed name of registered agent and use of initials

(NOTE: Registered Agent signature is required when re-registering)

DATE

9. This corporation is eligible to satisfy its intangible
Tax filing requirements 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 State10. Election Campaign Financing
Trust Fund Contribution. ☐\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
PSD
GABRIEL TARRAU
111 NE 1ST STREET, SUITE 902
MIAMI, FL 33132 ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
V
LUIS F. DE LA CRUZ, JR.
241 SEVILLA AVENUE, SUITE 805
CORAL GABLES, FL 33134 ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
☐ DeleteTITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
☐ DeleteTITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
☐ DeleteTITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP ☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY- ST- ZIP ☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY- ST- ZIP ☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY- ST- ZIP ☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY- ST- ZIP ☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY- ST- ZIP ☐ Change ☐ AdditionTITLE
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 719.07(3)(f), 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 807, 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:

GABRIEL TARRAU, PRESIDENT

04/30/01 (305) 371-4709

CR20034 (889)