

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Aug 08, 2000 8:00 am**  
**Secretary of State**

08-08-2000 90015 018 \*\*\*550.00

**DOCUMENT # P99000084273**

1. Entity Name

**GAIRA BAY, INC.**

Principal Place of Business

3971 SW 8TH STREET SUITE 305  
 MIAMI FL 33134

Mailing Address

3971 SW 8TH STREET SUITE 305  
 MIAMI FL 33134

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0952436

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75** Additional  
 Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**SOSA, GUILAINE LAMAR ESQ**  
**3971 SW 8TH STREET SUITE 305**  
**MIAMI 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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  Delete  
**D**  
 NAME **SOSA, GUILAINE LAMAR ESQ**  
 STREET ADDRESS **3971 SW 8TH STREET SUITE 305**  
 CITY-ST-ZIP **MIAMI FL 33134**

TITLE  Change  Addition  
 NAME **President, Director**  
**Carlos Vives**  
 STREET ADDRESS **3971 S.W. 8th Street, Suite 305**  
 CITY-ST-ZIP **Miami, Florida 33134**

TITLE  Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Change  Addition  
 NAME **Vice President, Director**  
**Rafael E. SOSA**  
 STREET ADDRESS **3971 S.W. 8th Street, Suite 305**  
 CITY-ST-ZIP **Miami, FL 33134**

TITLE  Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Change  Addition  
 NAME **Secretary, Director**  
**Herlinda Gomez de Vives**  
 STREET ADDRESS **3971 S.W. 8th Street, Suite 305**  
 CITY-ST-ZIP **Miami, FL 33134**

TITLE  Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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 all other like empowered.

SIGNATURE:

*Guilaine Sosa*  
**SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**

7-24-00

Date

305-440-4748

Daytime Phone #

CR2E034 (5/00)