

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 05, 2001 8:00 am
Secretary of State

02-05-2001 90074 047 ***150.00

0160609

DOCUMENT # P99000084273

1. Entity Name

GAIRA BAY, INC.

Principal Place of Business

**3971 SW 8TH STREET, SUITE 305
 MIAMI FL 33134 - 2951**

Mailing Address

**3971 SW 8TH STREET, SUITE 305
 MIAMI FL 33134 - 2951**

110303



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **65-0952436**

Applied For
 Not Applicable

Zip Country

33134-2951

Zip Country

33134-2951

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

**SOSA, GUILAINE LAMAR ESQ
 3971 SW 8TH STREET, SUITE 305
 MIAMI FL 33134 - 2951**

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 _____ DATE _____
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, 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 **D** Delete
 NAME **SOSA, GUILAINE LAMAR ESQ**
 STREET ADDRESS **3971 SW 8TH STREET SUITE 305**
 CITY-ST-ZIP **MIAMI FL 33134 - 2951**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP **33134-2951**

TITLE **PD** Delete
 NAME **VIVES, CARLOS** (8)
 STREET ADDRESS **3971 S.W. 8TH STREET, STE 305**
 CITY-ST-ZIP **MIAMI FL 33134 - 2951**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP **33134-2951**

TITLE **VP, T** Delete
 NAME **SOSA, RAFAEL E**
 STREET ADDRESS **3971 S.W. 8TH STREET, STE 305**
 CITY-ST-ZIP **MIAMI FL 33134 - 2951**

TITLE **VP, T, D** Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP **33134-2951**

TITLE **SD** Delete
 NAME **DE VIVES, HERLINDA G**
 STREET ADDRESS **3971 S.W. 8TH STREET, STE 305**
 CITY-ST-ZIP **MIAMI FL 33134 - 2951**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP **33134-2951**

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 life empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Rafael E. Sos VP

Date

Daytime Phone #

1/31/00 (305) 663-8303

CR2E034 (10/00)