

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 05, 2003 8:00 am**  
**Secretary of State**

05-05-2003 91891 008 \*\*\*150.00

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AV

**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**



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

Zip

Country

5. Certificate of Status Desired

**\$8.75** Additional  
Fee Required

CHECK HERE IF MAKING CHANGES

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2003 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution.

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME  Delete  
**PD VIVES, CARLOS**  
STREET ADDRESS **3971 S.W. 5TH STREET, STE 305**  
CITY-ST-ZIP **MIAMI FL 33134**

TITLE NAME  Change  Addition  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE NAME  Change  Addition  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE NAME  Change  Addition  
STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME  Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME  Change  Addition  
STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME  Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME  Change  Addition  
STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME  Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME  Change  Addition  
STREET ADDRESS  
CITY-ST-ZIP

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Rafael Sosa* **REQUIR Rafael Sosa VP 4/29/03 (305) 442-4748**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)