

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 03, 2001 8:00 am
Secretary of State

04-03-2001 90048 033 ***150.00

0320216

DOCUMENT # P99000105607

1. Entity Name

GIRAR S.A. CORP.

Principal Place of Business
**5362 OAKMONT VILLAGE CIR.
LAKEWORTH FL 33463**

Mailing Address
**5362 OAKMONT VILLAGE CIR.
LAKEWORTH FL 33463**

2. Principal Place of Business

6032 Indian Forest

3. Mailing Address

SAME

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Lake worth FL.

City & State

Lake worth FL.

Zip

33463

Country

USA.

Zip

33463

Country

USA.

4. FEI Number **22-3694743**

Applied For

Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**CORPORATE CREATIONS ENTERPRISES, INC.
941 FOURTH STREET #200
MIAMI BEACH FL 33139**

7. Name and Address of New Registered Agent

Name **Carmina Arnel**

Street Address (P.O. Box Number is Not Acceptable)

6032 Indian Forest circle

City **Lake worth**

FL

Zip Code **33463**

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

Carmina Arnel

3-27-01

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 \$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

TITLE **D** ☐ Delete
NAME **ARMEL, RICARDO**
STREET ADDRESS **5362 OAKMONT VILLAGE CIR.**
CITY-ST-ZIP **LAKEWORTH FL 33463**

TITLE **D** ☐ Delete
NAME **ARMEL, PATRICIA**
STREET ADDRESS **5362 OAKMONT VILLAGE CIR.**
CITY-ST-ZIP **LAKEWORTH FL 33463**

TITLE **SD** ☐ Delete
NAME **ARMEL, CARMINA**
STREET ADDRESS **5362 OAKMONT VILLAGE CIR.**
CITY-ST-ZIP **LAKEWORTH FL 33463**

TITLE **SD** ☒ Delete
NAME **LONDON, RICARDO**
STREET ADDRESS **500 VIA LUGANO CIR. #203**
CITY-ST-ZIP **BOYNTON BEACH FL 33436**

TITLE **SD** ☐ Delete
NAME **ARMEL, SANDRA**
STREET ADDRESS **5362 OAKMONT VILLAGE CIR**
CITY-ST-ZIP **LAKE WORTH FL 33463**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

TITLE ☐ Change ☐ Addition
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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:

Carmina Arnel

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-27-01

Date

561-9685757.

Daytime Phone #

CR2E034 (10/00)