

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 04, 2001 8:00 am
Secretary of State

05-04-2001 90025 033 ***150.00

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DOCUMENT # 662680

1. Entity Name
GUILMEN INVESTMENTS, INC.

Principal Place of Business C/O A F ALENTADO & ASSOC. CO. 1149 SW 27TH AVE STE 203 MIAMI FL 33135 US	Mailing Address C/O A F ALENTADO & ASSOC. CO. 1149 SW 27TH AVE STE 203 MIAMI FL 33135 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address 601 BRIDGEWAY KEY W. FL 705
City & State	City & State MIAMI, FL

4. FEI Number 59-2003870	Applied For <input type="checkbox"/>	Not Applicable <input type="checkbox"/>
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent
**MENENDEZ, GUILLERMO
 7300 LOS PINOS BLVD
 MIAMI FL 33146**

7. Name and Address of New Registered Agent
 Name: **DE LA PENA E BATAJANOS, LUP**
 Street Address (P.O. Box Number is Not Acceptable): **601 BRIDGEWAY KEY DRIVE, ST. 705**
 City: **MIAMI, FL** Zip Code: **33131**

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: **Ricardo Bajandas** DATE: **4/27/01**
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.

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 NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete D MENENDEZ, GUILLERMO 7300 LOS PINOS BLVD MIAMI FL 33146
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: **GUILLERMO MENENDEZ** DATE: **04/17/01** DAYTIME PHONE #: **305-442068**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (10/00)