

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F58316

1. Entity Name

GUANAPE, INC.

FILED
Apr 11, 2001 8:00 am
Secretary of State

04-11-2001 90019 021 ***150.00

0138531

Principal Place of Business

%PAUL H. KUPFER
1700 UNIVERSITY DRIVE
CORAL SPGS. FL 33071-6089

Mailing Address

%PAUL H. KUPFER
1700 UNIVERSITY DRIVE
CORAL SPGS. FL 33071-6089

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2548924

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

KUPFER, PAUL H.
1700 UNIVERSITY DRIVE
CORAL SPRINGS FL 33071

7. Name and Address of New Registered Agent

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 \$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 DV
NAME LAVIE, CELESTINO IGNA
STREET ADDRESS ZONA 1050 APT 51000
CITY-ST-ZIP CARACAS VE ☐ Delete

TITLE DVS
NAME CELESTINO IGNACIO DIAZ LAVIE ☒ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE DVST
NAME DEBREY, ANA MARIA
STREET ADDRESS ZONA 1050 APT 51000
CITY-ST-ZIP CARACAS VE ☐ Delete

TITLE DPT
NAME ANA MARIA DE DEBREY DIAZ ☒ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE DP
NAME MONSEFF, CELESTINO D
STREET ADDRESS 5100 ZONA POSTAL 1050
CITY-ST-ZIP CARCAS VE ☒ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

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NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

Ana Maria de Debre Diaz
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Ana Maria de Debre Diaz, President

4/9/01 (954) 755-3600
Date Daytime Phone #

CR2E034 (10/00)