


# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 21, 2003 8:00 am**  
**Secretary of State**

04-21-2003 91182 019 \*\*\*150.00

**DOCUMENT #** P00000051666

**1. Entity Name**  
GIUELA, INC.



**Principal Place of Business**  
300 ARAGON AVENUE  
SUITE 250  
CORAL GABLES FL 33134

**Mailing Address**  
300 ARAGON AVENUE  
SUITE 250  
CORAL GABLES FL 33134



**2. Principal Place of Business**  
1200 Anastasia Avenue

**3. Mailing Address**  
same

Suite, Apt. #, etc.  
Suite 310

Suite, Apt. #, etc.

CHECK HERE IF MAKING CHANGES

**City & State**  
Coral Gables, FL.

**City & State**

**4. FEI Number** 65-1090426

Applied For  
 Not Applicable

**Zip** 33134 **Country** USA

**Zip** **Country**

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

**6. Name and Address of Current Registered Agent**

MORALES, YOLANDA ESQ.  
300 ARAGON AVENUE  
SUITE 250  
CORAL GABLES FL 33134

**7. Name and Address of New Registered Agent**

**Name** FREDERICK WOODBRIDGE, JR.  
**Street Address (P.O. Box Number is Not Acceptable)** 1200 Anastasia Avenue  
**Suite** Suite 310  
**City** Coral Gables. **FL** **Zip Code** 33134

**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]* FREDERICK WOODBRIDGE, JR. **DATE** 04/08/03

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**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**  **\$5.00 May Be Added to Fees**  
Trust Fund Contribution.

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D P GARBITTA, EMANUELA 2301 COLLINS AVENUE #1507 MIAMI BEACH FL 33139 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	GIUSEPPE NEDIANI 2301 Collins Avenue # 1507 Miami Beach, FL 33139 VP <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
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
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
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

**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:** *[Signature]* April 8, 2003 (305) 569-6336

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)