

FILED
Jun 10, 2002 8:00 am
Secretary of State

05-12-2002 90567 033 ***150.00

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P93000050694

1. Entity Name
GUTIERREZ COURIER & CARGO, INC.

Principal Place of Business
1375 NW 97TH AVE-
SUITE 10
MIAMI FL 33173
US

Mailing Address
1375 NW 97TH AVE
SUITE 13
MIAMI FL 33172
US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
2139 N.W. 79 AVE.

3. Mailing Address
2139 N.W. 79 AVE.

Suite, Apt. #, etc.

City & State
MIAMI, FL

City & State
MIAMI, FL

4. FEI Number
65-0424424

Applied For
 Not Applicable

Zip
33122

Country
MIAMI-DADE

Zip
33122

Country
MIAMI-DADE

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

6. Name and Address of Current Registered Agent
GUTIERREZ, MARCO T
11402 S.W. 87TH TERRACE
MIAMI FL 33178

7. Name and Address of New Registered Agent
Name
GINETTE GUTIERREZ
Street Address (P.O. Box Number is Not Acceptable)
540 BRICKELL KEY #1513
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 *Marco T. Gutierrez* DATE **05/31/02**

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, 2002 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 NAME STREET ADDRESS CITY-ST-ZIP	PSTD GUTIERREZ, MARCO T 11402 SW 87 TERR MIAMI FL 33173 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD GUTIERREZ, MARCO T. 540 BRICKELL KEY #1513 MIAMI, FL 33131 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TS GINETTE GUTIERREZ 540 BRICKELL KEY #1513 MIAMI, FL 33131 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	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"/> Delete	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 *Marco T. Gutierrez* **MARCO T. GUTIERREZ, PRESIDENT** 3/19/02 305-599-5211

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

CR2E034 (9/01)