

BS 182

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED

05 OCT 12 AM 11:19

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 524273
1. Entity Name
G. Gutierrez, Inc.



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
7301 SW 139 Ave

3. Mailing Address
Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
Miami, FL

City & State

DO NOT WRITE IN THIS SPACE **05**

Zip
33183

Country

Zip

Country

4. FEI Number
650358470

Applied For
Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name **Gutierrez, Gustavo**

Street Address (P.O. Box Number is Not Acceptable)
7301 SW 139 Ave

City **Miami** FL Zip Code **33183**

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]*

700060707297

10/12/05 01015 00 DATE \$150.00

January 1 - May 31 Fee is \$150.00
After May 1, Fee is \$550.00
Annual UBR is \$61.25
Make Check Payable to Florida Department of State

B. Election Campaign Financing
Trust Fund Contribution **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE: **P**
NAME: **Gutierrez, Gustavo**
STREET ADDRESS: **7301 SW 139 Ave**
CITY-STATE-ZIP: **Miami, FL 33183**

TITLE: **VP**
NAME: **Gutierrez, Nohora P**
STREET ADDRESS: **7301 SW 139 Ave**
CITY-STATE-ZIP: **Miami, FL 33183**

TITLE:
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(5)(b), 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 on an attachment with an address, with all other required powers.

SIGNATURE: *[Signature]*
SIGNATURE AND PRINTED NAME OF MEMBER OFFICER OR DIRECTOR

10/7/05

Date Secretary's Name

CR2004B (12/02)


15292

Division of Corporations
P.O. BOX 6327
Tallahassee, FL 32314

Per instructions from the Division of Corporations, I am attaching a check, in the amount of \$150.00 for the annual report fee with my application.

We did not receive the U.B.R. for the year 2005 or any other notice from the Division of Corporations in respect with the Corporation, **G. GUTIERREZ, INC.**

Thank you for your courtesy in this matter.


GUSTAVO GUTIERREZ
PRESIDENT