## 2000 UNIFORM BUSINESS REPORT (UBR)

## FILED **DOCUMENT # 376003** Feb 02, 2000 8:00 am 1. Entity Name **Secretary of State** GUINES LUMBER CO., INC. 02-02-2000 90123 026 \*\*\*150.00 Mailing Address Principal Place of Business 1400 N W 29TH ST 1400 N W 29TH ST MIAMI FLA 33142-6622 MIAMI FL 33142 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State 4. FE! Number City & State 59-1315464 Not Applicable \$8.75 Additional Zip Country Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent COSTA, LUIS Street Address (P.O. Box Number is Not Acceptable) 7340 NW 169TH TERRACE MIAMI 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. DATE (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. 11. ☐ Change Addition ۷D TITLE ☐ Delete TITLE COSTA, BERTA NAME NAME 1059 NW 27TH ST STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MIAMI FL ☐ Addition ☐ Change Delete TITLE TITLE. SUAREZ, PEDRO NAME NAME STREET ADDRESS 4370 SW 3RD STREET STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MIAMI, FL 00000 Change Addition ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE . V . NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7/P 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 impowered.

TURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR