

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 563433

1. Entity Name

GULLWING INTERNATIONAL CORPORATION

FILED
Apr 28, 2000 8:00 am
Secretary of State

04-28-2000 90021 005 ***158.75

Principal Place of Business

4300 S.W. 73RD AVENUE
MIAMI FL 33155

Mailing Address

4300 S.W. 73RD AVENUE
MIAMI FL 33155-4512

2. Principal Place of Business

O/O FSV & ASSOCIATES INC.

Suite, Apt. #, etc.

3. Mailing Address

SAMP

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

2744 N.W. 112TH AVE

City & State

MIAMI FLORIDA

4. FEI Number

59-2037008

Applied For

Not Applicable

Zip

Country

33172

Zip

Country

5. Certificate of Status Desired

☒

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SOUTH FLORIDA REGISTERED AGENTS, INC.
200 SOUTH BISCAYNE BOULEVARD
SUITE 4750
MIAMI FL 33131

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, 2000 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	PSTD	<input type="checkbox"/> Delete
NAME	RARES, JOSEPH W	
STREET ADDRESS	4300 SW 73RD AVE.	
CITY-ST-ZIP	MIAMI FL 33155	
TITLE	V	<input type="checkbox"/> Delete
NAME	VALDES, FERNANDO S	
STREET ADDRESS	4300 SW 73 AVE	
CITY-ST-ZIP	MIAMI FL	
TITLE		<input type="checkbox"/> Delete
NAME		
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TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #