

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 06, 2002 8:00 am
Secretary of State

05-06-2002 90251 011 ***150.00

DOCUMENT # 563433

1. Entity Name

GULLWING INTERNATIONAL CORPORATION

Principal Place of Business

**2744 N.W. 112TH AVE.
 MIAMI FL 33172**

Mailing Address

**2744 N.W. 112TH AVE.
 MIAMI FL 33172**

2. Principal Place of Business

4300 SW 73rd Ave

Suite, Apt. #, etc.
105

3. Mailing Address

4300 SW 73rd Ave

Suite, Apt. #, etc.
105

City & State

Miami, FL

City & State

Miami, FL

Zip

33155

Country

USA

Zip

33155

Country

USA

4. FEI Number

59-2037008

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name **Tabas, Freedman & Soloff, P.A.**

Street Address (P.O. Box Number is Not Acceptable)

25 S.E. 2nd Avenue

Suite 919

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

[Signature]
 Signature, typed or printed name of registered agent and title if applicable.

Gary M. Freedman, Esq. (V.P.)

DATE

4-17-02

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, 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

TITLE **PSTD** ☐ Delete
 NAME **RARES, JOSEPH W**
 STREET ADDRESS **4300 SW 73RD AVE.**
 CITY-ST-ZIP **MIAMI FL 33155**

TITLE **V** ☒ Delete
 NAME **VALDES, FERNANDO S**
 STREET ADDRESS **4300 SW 73 AVE**
 CITY-ST-ZIP **MIAMI FL**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ 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 another like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Joseph W. Rares

Date

4-17-02

Daytime Phone #

305-262-6684

CR2E034 (9/01)