

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

May 04, 2001 8:00 am
Secretary of State

05-04-2001 90025 033 ***150.00

DOCUMENT # 662680

1. Entity Name

GUILMEN INVESTMENTS, INC.

Principal Place of Business

C/O A F ALENTADO & ASSOC. CO.
1149 SW 27TH AVE STE 203
MIAMI FL 33135
US

Mailing Address

C/O A F ALENTADO & ASSOC. CO.
1149 SW 27TH AVE STE 203
MIAMI FL 33135
US

970000



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

601 BRIDGEVIEW KEY RD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

705

City & State

City & State

MIAMI, FL

Zip

Country

Zip

Country

33131

4. FEI Number 59-2003870

Applied For

Not Applicable

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

MENENDEZ, GUILLERMO
7300 LOS PINOS BLVD
MIAMI FL 33146

Name

DE LA PENA & BATAJON, LLP

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

601 BRIDGEVIEW KEY DRIVE, ST. 705

City

MIAMI, FL

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

(NOTE: Registered Agent signature required when reinstating)

DATE

Ricardo Bajandas

4/27/01

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, 2001 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	D	<input type="checkbox"/> Delete
NAME	MENENDEZ, GUILLERMO	
STREET ADDRESS	7300 LOS PINOS BLVD	
CITY-ST-ZIP	MIAMI FL 33146	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
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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

GUILLERMO MENENDEZ

04/17/01

Date

305-442065

Daytime Phone #

CR2E034 (10/00)