

DOCUMENT # K53862

1. Entity Name
GUILL INVESTMENTS, INC.

FILED
Jan 10, 2001 8:00 am
Secretary of State

01-10-2001 90097 009 ***150.00



DO NOT WRITE IN THIS SPACE

Principal Place of Business
595 WEST PROSPECT RD.
FORT LAUDERDALE FL 33309
US

Mailing Address
595 WEST PROSPECT RD.
FORT LAUDERDALE FL 33309
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 65-0094020

Applied For

Not Applicable

Zip Country 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

HUNTER, E.T.
1930 TYLER STREET
HOLLYWOOD FL 33020

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, 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 ☐ Delete
NAME GUILLIOUMA, WILLIAM
STREET ADDRESS 19388 NW 14TH ST
CITY-ST-ZIP PEMBROKE PINES FL

TITLE ☒ Change ☐ Addition
NAME Guilliouma, William
STREET ADDRESS 809 Heron Road
CITY-ST-ZIP Weston, FL 33326

TITLE D ☐ Delete
NAME GUILLIOUMA, DORIS L.
STREET ADDRESS 19388 NW 14TH ST
CITY-ST-ZIP PEMBROKE PINES FL

TITLE ☒ Change ☐ Addition
NAME Guilliouma, Doris L.
STREET ADDRESS 809 Heron Road
CITY-ST-ZIP Weston, FL 33326

TITLE ☐ Delete
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 all other like empowered.

SIGNATURE: *William Guilliouma* WILLIAM GUILLIOUMA
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-4-01
Date

954
771-8282
Daytime Phone #

CR2E034 (10/00)