

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L 29684

1. Entity Name

GUSFA CORPORATION

Principal Place of Business

Mailing Address

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.
117

Suite, Apt. #, etc.
117

City & State
MIAMI FL

City & State
MIAMI FL

Zip
33173

Country
DADE

Zip
33173

Country
DADE

4. FF Number

65-0191543

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

ALSTANARO A. CRESPO
9260 SW 72ND ST #117
MIAMI FL 33173

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 \$350.00
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
NAME
STREET ADDRESS
CITY-ST-ZIP
POS
FUCHS JAVIER ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
9260 SW 72ND ST #117
MIAMI FL ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
ALSTANARO A. CRESPO
9260 SW 72ND ST #117 MIAMI ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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

TITLE
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STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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CITY-ST-ZIP
☐ Change ☐ Addition

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CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
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STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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

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 #

5/9/01

305 271-3094

658768

DO NOT WRITE IN THIS SPACE

CR2E034 (11/00)

FILED
May 21, 2001 8:00 am
Secretary of State

05-21-2001 90038 033 ***150.00

Attachment
658768
L29684

May 9, 2001

DIVISION OF CORPORATIONS
UNIFORM BUSINESS REPORT FILINGS
P.O. BOX 1500
TALLAHASSEE, FLORIDA 32302-1500

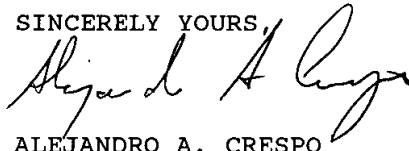
GENTLEMEN OR LADIES:

WE DID NOT RECEIVE OUR 2001 UNIFORM BUSINESS REPORT.

PLEASE ACCEPT THIS ONE FILED ON A PHOTOCOPY AS TIMELY
FILED. ENCLOSED PLEASE FIND CHECK FOR \$ 150.00.

THANK YOU FOR YOUR COOPERATION

SINCERELY YOURS,



ALEJANDRO A. CRESPO
DIRECTOR