

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # M37159

1. Entity Name

GUALTIERI, INC.

Principal Place of Business

13281 SW 100 TERR MIAMI, FL 33186  
P.O. BOX 161363  
MIAMI FL 33116-1363

Mailing Address

13281 SW 100 TERR MIAMI, FL 33186  
P.O. BOX 161363  
MIAMI FL 33116-1363

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2711897

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

GUALTIERI, ELEONORA  
13281 SW 100 TERR  
MIAMI FL 33186

Name  
ENRIQUE A. GUALTIERI

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

13281 SW 100 TERR.

City MIAMI

FL

Zip Code 33186

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

ENRIQUE A. GUALTIERI

4-20-00

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 PD  
NAME GUALTIER, ELEONORA  
STREET ADDRESS 13281 SW 100 TERR  
CITY-ST-ZIP MIAMI FL 33186 ☒ Delete

TITLE PD  
NAME GUALTIERI ENRIQUE A.  
STREET ADDRESS 13281 SW 100 TERR  
CITY-ST-ZIP MIAMI FL 33186 ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
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CITY-ST-ZIP ☐ Change ☐ Addition

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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 #

4-20-00 (305) 899-2121

CFR2034 (9/99)

**FILED**  
**May 17, 2000 8:00 am**  
**Secretary of State**

05-17-2000 90864 045 \*\*\*163.75

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DO NOT WRITE IN THIS SPACE