

**2002 UNIFORM BUSINESS REPORT (UBR)****FILED**  
**May 20, 2002 8:00 am**  
**Secretary of State**

05-20-2002 90058 027 \*\*\*\*61.25

**DOCUMENT # N99000006599**

1. Entity Name

**GYALTON KARNYING DUBDE LING INC.**

Principal Place of Business

% DAVID DA SILVA CORNELL 1500 BAY RD  
APT 1140  
MIAMI BEACH FL 33139

Mailing Address

% DAVID DA SILVA CORNELL 1500 BAY RD  
APT 1140  
MIAMI BEACH FL 33139

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

4. FEI Number

**65-0975803**

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

DA SILVA CORNELL, DAVID  
1500 BAY RD., APT. 1140  
MIAMI BEACH FL 33139

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

**FILE NOW: FEE IS \$61.25**9. Election Campaign Financing  
Trust Fund Contribution. ☐**\$5.00** May Be  
Added to Fees**Make Check Payable to  
Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **DV** ☐ Delete  
NAME **GUTIERREZ, ROBERTO**  
STREET ADDRESS **17011 NORTH BAY ROAD, #502**  
CITY-ST-ZIP **SUNNY ISLES FL 33160**TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE **D** ☐ Delete  
NAME **BOJORGE, ALVARO**  
STREET ADDRESS **1445 N.E. 16TH TERRACE**  
CITY-ST-ZIP **FT. LAUDERDALE FL 33304**TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE **DP** ☐ Delete  
NAME **DA SILVA CORNELL, DAVID**  
STREET ADDRESS **1500 BAY RD., #1140**  
CITY-ST-ZIP **MIAMI BEACH FL 33139**TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE **DT** ☐ Delete  
NAME **LOWICKI, STEPHEN**  
STREET ADDRESS **1445 N.E. 16TH TERRACE**  
CITY-ST-ZIP **FT LAUDERDALE FL 33304**TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE **DS** ☐ Delete  
NAME **POVEDA, CAROLINA**  
STREET ADDRESS **21300 N.E. SAN SIMEON WAY, APT 0-7**  
CITY-ST-ZIP **NORTH MIAMI BEACH FL 33179**TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE **D** ☐ Delete  
NAME **POVEDA, DONATO**  
STREET ADDRESS **21300 N.E. SAN SIMEON WAY, APT 0-7**  
CITY-ST-ZIP **NORTH MIAMI BEACH FL 33179**TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 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 #

David  
da Silva  
Cornell  
April 30, 2002 305.579.0733

CR2E037 (9/01)