2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT #   P00000033062

1. Entity Name

GUINES GAS AND SERVICE STATION, INC.

Principal Place of Business	Mailing Address
1901 WEST 4TH AVENUE	1901 WEST 4TH AVENUE
HIALEAH FL 33010	HIALEAH FL 33010

☐ CHECK HERE IF MAKING CHANGES

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 65-0992814   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

Name

RODRIGUEZ, MELBIS
1901 WEST 4TH AVENUE
HIALEAH FL 33010

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. I am familiar with, and accept the obligations of registered agent.

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 $150.00		**9.** Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees
After May 1, 2003 Fee will be $550.00		
Make Check Payable to Florida Department of State		

10. OFFICERS AND DIRECTORS   **11.** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

	10			11		
TITLE	D	☐ Delete	TITLE		☐ Change	☐ Addition
NAME	RODRIBUEZ, MELBIS		NAME			
STREET ADDRESS	1901 WEST 4TH AVENUE		STREET ADDRESS			
CITY-ST-ZIP	HIALEAH FL 33010		CITY-ST-ZIP			
TITLE		☐ Delete	TITLE		☐ Change	☐ Addition
NAME			NAME			
STREET ADDRESS			STREET ADDRESS			
CITY-ST-ZIP			CITY-ST-ZIP			
TITLE		☐ Delete	TITLE		☐ Change	☐ Addition
NAME			NAME			
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CITY-ST-ZIP			CITY-ST-ZIP			
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CITY-ST-ZIP			CITY-ST-ZIP			
TITLE		☐ Delete	TITLE		☐ Change	☐ Addition
NAME			NAME			
STREET ADDRESS			STREET ADDRESS			
CITY-ST-ZIP			CITY-ST-ZIP			

CR2E034 (10/02)

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 607, 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 REQUIRED_   3-24-03   305 8884856
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #