

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 28, 2002 8:00 am
Secretary of State

05-28-2002 91752 022 ***150.00

DOCUMENT # **P000000 42350**

1. Entity Name

GUYCO EXPORT, INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

1927 NE 147th STREET

3. Mailing Address

Suite, Apt. #, etc.

City & State

N MIAMI, FL.

City & State

4. FEI Number

65-1015717

Applied For

Not Applicable

Zip

33181

Country

MIAMI-DADE

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

7. Name and Address of Current Registered Agent

Name

GUY GARCONNETTE

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

1927 NE 147th STREET

City

N MIAMI

FL

Zip Code

33181

**DO NOT WRITE
IN THIS SPACE**

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) ☐

**January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00**

Amended UBR is \$61.25

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

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
P/S/T	GARCONNETTE, GUY	1927 NE 147th STREET	N MIAMI, FL. 33181

**DO NOT WRITE
IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/29/02

Date

305-949-4130

Daytime Phone #

CR2E034B (12/01)