2001 UNIFORM BUSINESS REPORT (UBR)

May 15, 2001 8:00 am[§] Secretary of State DOCUMENT, # P00000049281 05-15-2001 90135 019 ***150.00 TGUERRA ENTERPRISES, INC. Principal Place of Business Mailing Address 423 W VINE ST 423 W VINE ST KISSIMMEE FL 34741 KISSIMMEE FL 34741 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-3670867 Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent GUERRA THOMAS SYED, AFAR Street Address (P.O. Box Number is Not Acceptable) HII3 SPITFIRE AUENUE 423 W VINE ST KISSIMMEE FL 34741 Zip Code 347 HI City KISSIMMÉÉ 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible \$5.00 May Be 10. Election Campaign Financing After MAY 1, 2001 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. Addition PRESIDENT TREASURER ☐ Change TITLE TITLE ☐ Delete GUERRA TOM 6231 RHYTHM BYLD NAME NAME **GUERRA, TOM** STREET ADDRESS STREET ADDRESS 6231 RHYTHM BVLD. ORLANDO FI. 32808 CITY-ST-ZIP CITY-ST-7IP ORLANDO FL 32808 VICE PRESIDENT Addition Change ☐ Delete TITLE TITLE REAZ GUERRA HII3 SPITFIRE AVE KISSIMMÉE, FL 34741 NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TIBE BIBI GUERRA 6231 RHYTHM BULD NAME NAME STREET ADDRESS STREET ADDRESS ORLANDO FI. 32808 CITY-ST-ZIP CITY-ST-ZIP Change Addition TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE Delete TITLE

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.

NAME

STREET ADDRESS CITY-ST-ZiP

NAME STREET ADDRESS

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED