

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

**FILED**  
**May 27, 2002 8:00 am**  
**Secretary of State**

05-27-2002 90417 009 \*\*\*150.00

**DOCUMENT #** P00000051666

1. Entity Name

GIUELA, INC. ✓

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

300 Aragon Avenue

Suite, Apt. #, etc.  
250

City & State

Coral Gables, FL

Zip

33134

Country

USA

3. Mailing Address

same

Suite, Apt. #, etc.

City & State

4. FEI Number

65-1090426

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

7. Name and Address of Current Registered Agent

Name

YOLANDA MORALES, ESQ.

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

300 Aragon Avenue, Ste. 250

Coral Gables, Florida 33134

City

FL

Zip Code  
33134

**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

*Yolanda Morales*  
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	D EMANUELA GARBETTA 2301 Collins Avenue #1507 Miami Beach, FL 33139	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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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:

*Emanuela Garbetta*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

(305) 461-1789

Date

Daytime Phone #

CR2E034B (12/01)