

**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		3. Mailing Address same Suite, Apt. #, etc.	
City & State Coral Gables, FL		City & State	
Zip 33134	Country USA	Zip	Country

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4. FEI Number 65-1090426	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$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	
City Coral Gables, Florida 33134	
City FL	Zip Code 33134

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* (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) <input type="checkbox"/>	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. <input type="checkbox"/> \$5.00 May Be Added to Fees
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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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CR2E034B (12/01)

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* (305) 461-1789
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #