

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 01, 2003 8:00 am
Secretary of State

05-01-2003 90977 004 ***150.00

DOCUMENT # P00000052522

1. Entity Name
G. TRUJILLO SERVICES, INC.



Principal Place of Business
8520 SW 133RD AVE RD. NO. 414
MIAMI FL 33183

Mailing Address
8520 SW 133RD AVE RD. NO. 414
MIAMI FL 33183

2. Principal Place of Business
520 SW 133 AVE RD NO 414

3. Mailing Address
8520 S.W 133 Ave.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 65-1011731

Applied For
Not Applicable

Zip 33183

Country

Zip 33183

Country FL

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

TRUJILLO, MARTHA C
8520 SW 133RD AVE RD. NO. 414
MIAMI FL 33183

Name G. Trujillo Services Inc.
Street Address (P.O. Box Number is Not Acceptable)
8520 SW 133 AVE RD. apt 414
miami
City FL Zip Code 33183

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 *Martha Trujillo - Martha Trujillo*
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

DATE 4-24-03

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PST
NAME TRUJILLO, MARTHA C
STREET ADDRESS 8520 SW 133RD AVE RD. NO. 414
CITY-ST-ZIP MIAMI FL 33183 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE VPTD
NAME GARCIA, GUIUSEPPA J
STREET ADDRESS 8520 SW 133RD AVE RD. NO. 414
CITY-ST-ZIP MIAMI FL 33183 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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 an other like empowered.

SIGNATURE *Martha Trujillo*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #

4-24-03 3-305385030

CR2E034 (10/02)