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May 23, 2001 8:00 am
Secretary of State

05-23-2001 90198 035 ***150.00

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # <i>P 00000084582</i>			
1. Entity Name <i>Guilant Financial Services, Inc</i>			
Principal Place of Business <i>9371 FOUNTAIN BLVD, APT I-207</i> <i>MIAMI, FL 33172</i>		Mailing Address	
2. Principal Place of Business <i>9371 FOUNTAIN BLVD</i> Suite, Apt. #, etc. <i>APT I-207</i> City & State <i>MIAMI, FL</i> Zip <i>33172</i> Country <i>MIAMI-DADE</i>		3. Mailing Address <i>same</i> Suite, Apt. #, etc. City & State Zip Country	
		4. FEI Number <i>65-1037640</i> Applied For ☐ Not Applicable ☐	
		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent <i>Guillermo A. Arinodell</i> <i>9371 FOUNTAIN BLVD, APT I-207</i> <i>MIAMI, FL 33172</i>		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 _____ (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) ☐		FILE NOW!!! FEE IS \$150.00 After MAY 1, 2001 Fee will be \$550.00 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	<i>Pres. VP, SAC, TREAS.</i>	☐ Delete	
NAME	<i>Guillermo A. Arinodell</i>		
STREET ADDRESS	<i>9371 FOUNTAIN BLVD APT I-207</i>		
CITY-ST-ZIP	<i>MIAMI FL 33172</i>		
TITLE	<i>DIRECTOR</i>	☐ Delete	
NAME	<i>Guillermo A. Arinodell Jr.</i>		
STREET ADDRESS	<i>9371 FOUNTAIN BLVD APT I-207</i>		
CITY-ST-ZIP	<i>MIAMI FL 33172</i>		
TITLE	<i>DIRECTOR</i>	☐ Delete	
NAME	<i>FESTER I. ARINODELL</i>		
STREET ADDRESS	<i>9371 FOUNTAIN BLVD APT I-207</i>		
CITY-ST-ZIP	<i>MIAMI, FL 33172</i>		
TITLE		☐ Delete	
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		☐ Delete	
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		☐ Delete	
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE		☐ Change ☐ Addition	
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		☐ Change ☐ Addition	
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		☐ Change ☐ Addition	
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		☐ Change ☐ Addition	
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
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.			
SIGNATURE: <i>Guillermo A. Arinodell</i> <i>4/24/01</i>			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			

CR2E034 (1/1/00)