2001 UNIFORM RUSINESS REDORT (URD)

ZOUP DRIFORM BUSINESS NEPONT (UBN)								
DOCUMENT # P00.0000 90551 1. Entity Name						FILED		
GUIAMA INVESTMENTS, INC.						SECRETARY OF STATE MYTSION OF CORPORATIONS		
Principal Place of Business Mailing Address						01 APR 17 PM 2:.05		
9050	Place of Business PINES Blvd.	3. Mailing Address 9050 Punes Blvd.						
Suite, Apt 450		Suite, Apt. #, etc. 450				DO NOT WRITE IN THIS SPACE		
Pembr		Pembrone Pines, FL.			<u>.</u> .	- 58 - 2583 576		oplied For of Applicable
3302		33024		Country USA		Pertificate of Status Desired See Required Fee Required		
	6. Name and Address of Current	Registered Agent			7.	Name and Address of New Registered	Agent	_
Gonzalez Dau, Esia,							·	·
9050 tine 61va. 5te 400						Box Number is Not Acceptable)		
Pemb	ove Pines, FL 33	3024		City			Zip Code	ρ
•				Ony	• •	FL	• · Zip cook	_
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 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 FILE NOVILIFEE IS \$150.00								
Tax filling requirement and elects to do so. (See criteria on back) After, MAY, 1, 2001 Make Check Payable				vili be \$5	50.00	10. Election Campaign Financing Trust Fund Contribution. DDITIONS/CHANGES TO OFFICERS AND	Added	May Be I to Fees
11.	IPD OFFICERS AND I	Delete	12.	т	AL			
TITLE NAME	IAZALA, JOSE A		NAME NAME	1	30000403 7309 -04/20/0101139		13900)8.
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TITLE	DD LAZALA , ELSSY	☐ Delete	TITLE		SD LAZALA,	Elssy	Change	Addition
NAME STREET ADDRESS	anto Fines Blyd. Ste 450			STREET ADDRESS 9050 PLUES BLVd. Ste 450				
CiTY-ST-ZiP	Pembrone PINES, FL 33024			TY-ST-ZIP Rembroke PINES, FL 33024				
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NAME		Delete	NAME	•			- onlinge	L_ Addition
STREET ADDRESS CITY-ST-Z IP	-	,	STREET CITY-S	F ADDRESS ST-ZIP				
13. I hereby certify that the information supplied with this filling 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 supplemental report is								
The A of I								
SIGNATURE: W. M. WOZOJO 4.10.01 SIGNATURE AND TYPEO OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Dayling Pront #								