## **2003 FOR PROFIT CORPORATION** UNIFORM BUSINESS REPORT (UBR)

## P00000101159 **DOCUMENT #**

1. Entity Name

RICARDO GUERRA INC.



## **FILED** Jan 17, 2003 8:00 am Secretary of State 01-17-2003 90072 016 \*\*\*150.00

	· · ·						
Principal Place of Business 9715 W. BROWARD BLVD. SUITE 217 PLANTATION FL 33324		Mailing Address 2400 SOUTH OCEAN DE APT 318 HOLLYWOOD FL 33019					
2. Principal Place of Business		3. Mailing Address	<u> </u>				
Suite, Apt. #, etc.		Suite, Apt. #, etc.		CHECK HERE IF MAKING CHANGES			
City & State		City & State		4. FEI Number 65-1061966		Applied For	
Zip	Country	Zip	Country	5. Certificate of Status Desired	\$8.75 Ac	dditional	
-	6. Name and Address of C	Current Registered Agent		7. Name and Address of New Registered			
OUEDDA	DIGARDO		Name				
1	ricardo Broward Blvd. 7		Street Addres	Street Address (P.O. Box Number is Not Acceptable)			
			!				
	ON FL 33324		City	FL	Zip Cod		
the obligat	e named entity submits this state tions of registered agent.	ment for the purpose of changing its	s registered office or regis	stered agent, or both, in the State of Florida. I am	familiar with	, and accept	
SIGNATURE	Signature, typed or printed name of register	ed agent and title if applicable (NOT	E: Registered Agent signature requ				
			- Togistered Agent Signature requ	ired when reinstating) DATE			
Afte Make Check	ILE NOW!!! FEE IS \$150.0 r May 1, 2003 Fee will be \$5 k Payable to Florida Departm	50:00		9. Election Campaign Financing Trust Fund Contribution.  E	\$5.0 Adde	00 May Be d to Fees	
10.		S AND DIRECTORS	11.	ADDITIONS/CHANGES TO OFFICERS AND	DIRECTOR	RS IN 11	
TITLE NAME	D GUERRA, RICARDO	☐ Delete	TITLE		☐ Change	Addition	
STREET ADDRESS CITY-ST-ZIP	9715 W. BROWARD BLVD. PLANTATION FL 33324	SUITE 217	NAME STREET ADDRESS CITY-ST-ZIP			ļ	
TITLE		☐ Delete	TITLE		☐ Change	☐ Addition	
NAME			NAME		ondrige	Addition	
STRÈET AODRESS CITY-ST-ZIP	4.4		STREET ADDRESS				
<u> </u>			CITY-ST-ZIP				
TITLE NAME		Delete	TITLE		☐ Change	Addition	
STREET ADDRESS			NAME		_ •	_	
CITY-ST-ZIP			STREET ADDRESS			}	
TITLE	<del></del>		CITY-ST-ZIP				
NAME		☐ Delete	TITLE		Change	☐ Addition	
STREET ADDRESS			NAME Street address				
CITY-ST-ZIP			CITY-ST-ZIP				
TITLE		☐ Delete	TITLE				
NAME			NAME		☐ Change	☐ Addition	
STREET ADDRESS			STREET ADDRESS				
CITY-ST-ZIP			CITY-ST-ZIP				
TITLE NAME		☐ Delete	TITLE		☐ Change	Addition	
STREET ADDRESS		<del>=</del>	STREET ADDRESS				
CITY-ST-ZIP			CITY-ST-ZIP				
12. I hereby ce indicated of the corp changed, o	ertify that the information supplier on this report or supplemental rep oration or the receiver or trustee or on an attachment with an addr	d with this filing does not qualify for bort is true and accurate and that m empowered to execute this report a earl, with all ather like empowered.	the exemption stated in S	ection 119.07(3)(i), Florida Statutes. I further cert same legal effect as if made under oath; that I ar 7, Florida Statutes; and that my name appears in	fy that the in n an officer of Block 10 or	formation or director Block 11 if	

SIGNATURE:

PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #