

# 2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# P00000105262

1. Entity Name

GUELIZ, INC.

**FILED**  
**Apr 15, 2003 8:00 am**  
**Secretary of State**

04-15-2003 90108 006 \*\*\*150.00

Principal Place of Business	Mailing Address
1000 WILLIAMS ISLAND BLVD. #3010 AVENTURA FL 33160	1000 WILLIAMS ISLAND BLVD. #3010 AVENTURA FL 33160

2. Principal Place of Business	3. Mailing Address
2550 NW 52 ST	2550 NW 52 ST
Suite Apt. #, etc.	Suite. Apt. #, etc.

City & State	City & State
BOCA RATON FL	BOCA RATON FL
Zip	Zip
33496	33496
Country	Country
USA	USA

4. FEI Number	Applied For
65-1094319	Not Applicable

5. Certificate of Status Desired	\$8.75 Additional Fee Required
<input type="checkbox"/>	

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

TAX HOUSE CORPORATION  
3929 N FEDERAL HWY  
POMPANO BEACH, FL 33064

7. Name and Address of New Registered Agent

Name  
TAX HOUSE CORPORATION

Street Address (P.O. Box Number is Not Acceptable)  
533 EAST SAMPLE ROAD

City  
POMPANO BEACH, FL

Zip Code  
33064

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] Director DATE 04/10/03

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

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, 2003 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			12. ADDITIONS /CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	D	<input type="checkbox"/> Delete	TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RODRIGUEZ, ABILIO		NAME	RODRIGUES, ABILIO	
STREET ADDRESS	1000 WILLIAMS ISLAND BLVD. #3010		STREET ADDRESS	2550 NW 52 ST	
CITY-ST-ZIP	AVENTURA FL 33160		CITY-ST-ZIP	BOCA RATON FL 33496	
TITLE	D	<input type="checkbox"/> Delete	TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BRISSI, ANGELO		NAME	BRISSI, ANGELO	
STREET ADDRESS	7000 WILLIAMS ISLAND BLVD. #808		STREET ADDRESS	13100 KEY STONE TERRACE	
CITY-ST-ZIP	AVENTURA FL 33160		CITY-ST-ZIP	NORTH MIAMI, FL 33181-2252	
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(3)(1), 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 N changed or on an attachment with an address and all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/10/03 (561) 997-6156