

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Feb 23, 2001 8:00 am**  
**Secretary of State**

02-13-2001 90002 038 \*\*\*150.00

**DOCUMENT # P00000110644**

1. Entity Name  
**GUIGUI DECOR, INC.**

Principal Place of Business      Mailing Address  
 15111 SW 46 ST      15111 SW 46 ST  
 MIRAMAR FL 33027      MIRAMAR FL 33027

2. Principal Place of Business      3. Mailing Address  
**11826 NW 10 AVE**      **11826 NW 10 AVE**  
 Suite, Apt. #, etc.      Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State      City & State      4. FEI Number      Applied For  
**MIAMI FLORIDA**      **MIAMI FLORIDA**      **1051062935**      Not Applicable  
 Zip      Country      Zip      Country      5. Certificate of Status Desired      \$8.75 Additional  
**33168**      **USA**      **33168**      **USA**            Fee Required

6. Name and Address of Current Registered Agent      7. Name and Address of New Registered Agent  
**PENA, ALICIA**      Name  
**15111 SW 46 ST**      Street Address (P.O. Box Number is Not Acceptable)  
**MIRAMAR FL 33027**      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		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
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CR2E034 (10/00)

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: Alicia Pena - Alicia Pena      2/8/01      (305) 681-3443  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #