## **2003 FOR PROFIT CORPORATION**

## **UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT #

P01000003822

1. Entity Name



FILED Apr 03, 2003 8:00 am Secretary of State 04-03-2003 90198 024 \*\*\*150.00

GUZAL CAR	GO EXPRESS CORP	é						
Principal Place of Business 5561 NW 72ND AVE. MIAMI FL 33166		Mailing Address 5561 NW 72ND AVE. MIAMI FL 33166						
		1,180						
2. Principal Place of Business		3. Mailing Address			t ammermus lies monder lestes defeit mottle mostle untile	0 0 1 0 0 1 1 0 1 0 1 0 1 0 1 0 1 0 1 0	16060 1161 1061	
Suite, Apt. #, etc.		Suite, Apt. #, etc.			CHECK HERE IF MAKIN	G CHANGES		
City & State		City & State		4. 1	4. FEI Number 65-1067004 Applied For Not Applicable			
Zip	Country	Zip	Country		Certificate of Status Desired	\$8.75 Ad	ditional	
6	. Name and Address of Current Re	gistered Agent		7. 1	Name and Address of New Registered	<u> </u>	30	
arter 1.1			Name	•				
CALLE, MARIA (1) 5561 NW 72ND AVE		Street Addres		ss (P.O. B	(P.O. Box Number is Not Acceptable)			
MIAMI FL 3310	36							
			City		FL	Zip Coo	le	
8. The above name the obligations	ned enalty submits this statement for the of registered agent.	e purpose of changing its	registered office or regis	istered ag	ent, or both, in the State of Florida. I am	familiar with,	and accept	
SIGNATURE								
3	ture, typed or printed name of registered agent and	title if applicable. (NOT)	E: Registered Agent signature req	uired when re	einstating) DATE			
After Ma	NOVIII FEE IS \$150.00 y 1, 2003 Fee will be \$550.00 rable to Florida Department of Si	tate	.*		Election Campaign Financing     Trust Fund Contribution.  [	\$5.0 Added	00 May Be i to Fees	
10.	OFFICERS AND DIF	RECTORS	11.	AD	L DITIONS/CHANGES TO OFFICERS AN	D DIRECTOR	S !N 11	
STREET ADDRESS <b>556</b>	LE, MARIA L 1 NW 72ND AVE. MI FL 33166	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	Addition	
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ITLE IAME ITREET ADDRESS ITY-ST-ZIP	that the information are the district	Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		119.07(3)(i), Florida Statutes. I further ce	☐ Change	Addition	

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 10 or Block 11 if changed, or on an attachment with an address, with a part of the corporation of the receiver or trustee empowered.

SIGNATURE: