

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

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UC-330007
AV

DOCUMENT # P01000014071

1. Entity Name

Giherma Corporation



FILED

04 JAN 12 AM 10:46

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

*2742 Biscayne Blvd
Miami FL 33137*

Mailing Address

*2742 Biscayne Blvd
Miami FL 33137*

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-1102899

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required

REINSTATEMENT

☐ CHECK HERE IF MAKING CHANGES

03

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

*Claudio D. Valente
2742 Biscayne Blvd
Miami FL 33137*

Name

Street Address (P.O. Box Number is Not Acceptable)

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$500.00
After May 1, 2003 Fee will be \$550.00
Make Check payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution.

☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete
NAME *PD Claudio D. Valente*
STREET ADDRESS *2742 Biscayne Blvd*
CITY-ST-ZIP *Miami FL 33137*

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME *PD Rosa M. Righetti*
STREET ADDRESS *2742 Biscayne Blvd*
CITY-ST-ZIP *Miami FL 33137*

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other life empowered.

SIGNATURE: *[Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)

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Giherma Corporation
2742 Biscayne Blvd
Miami, FL 33137

January 5, 2004

Florida Department of Revenue
Division of Corporations
Glenda E. Hood
Secretary of State
P.O. BOX 1500
Tallahassee, FL 32302

Re: GIHERMA CORPORATION
P01000014071

Enclosed please find check in the amount of \$158.75 for the 2003 UNIFORM BUSINESS REPORT. I never received the original form. I apologize for the inconvenience this may have caused.

Sincerely,

Claudio O. Valente