

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 30, 2003 8:00 am
Secretary of State

04-30-2003 90130 049 ***150.00

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DOCUMENT # P01000014676

1. Entity Name
GUIGUI CORP.



Principal Place of Business
**231 LAKEVIEW DR. BLDG. #30 APT. 206
BONAVENTURE
FT. LAUDERDALE FL 33326**

Mailing Address
**231 LAKEVIEW DR. BLDG. #30 APT. 206
BONAVENTURE
FT. LAUDERDALE FL 33326**

11029452



2. Principal Place of Business

231 Lakeview Dr.

3. Mailing Address

231 Lakeview Dr.

Suite, Apt. #, etc.

Bld. 30 #206

Suite, Apt. #, etc.

Bld. 30 #206

City & State

Weston, FL

City & State

Weston, FL

4. FEI Number

65-1095128

Applied For

Not Applicable

Zip

33326

Country

Broward

Zip

33326

Country

Broward

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**CAPECCHI, AINAT
231 LAKEVIEW DR. BLDG. #30 APT. 206
BONAVENTURE
FT. LAUDERDALE FL 33326**

7. Name and Address of New Registered Agent

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 \$150.00
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

TITLE	D	<input type="checkbox"/> Delete
NAME	CAPECCHI, AINAT	
STREET ADDRESS	231 LAKEVIEW DR. BLDG. #30 APT. 206	
CITY-ST-ZIP	FT. LAUDERDALE FL 33326	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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TITLE		<input type="checkbox"/> Delete
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STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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 like empowered.

SIGNATURE:

SIGNATURE REQUIRED

04-25-03 (954)6598107

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)