

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 07, 2002 8:00 am
Secretary of State

05-07-2002 90353 038 ***150.00

DOCUMENT # P01000023061

1. Entity Name

GUZMAN & ASSOCIATES, INC.

Principal Place of Business

**1800 SW 1 STREET #209
 MIAMI FL 33135**

Mailing Address

**1800 SW 1 STREET #209
 MIAMI FL 33135**

2. Principal Place of Business

1800 SW 1ST

3. Mailing Address

1800 SW 1ST

Suite, Apt. #, etc.

#209B

Suite, Apt. #, etc.

#209B

City & State

MIAMI

City & State

MIAMI

Zip

33135

Country

USA

Zip

33135

Country

USA

4. FEI Number

65-1083695

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

**GUZMAN, JOSEPHINE CLA
 1800 SW 1 STREET #209
 MIAMI FL 33135**

7. Name and Address of New Registered Agent

Josephine Guzman CLA

1800 SW 1ST #209B

City

MIAMI

FL

Zip Code

33135

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

(NOTE: Registered Agent signature required when reinstating)

DATE

2/19/2002

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, 2002 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

TITLE **PD** ☐ Delete
 NAME **GUZMAN, JOSEPHINE**
 STREET ADDRESS **1800 SW 1 STREET #209**
 CITY-ST-ZIP **MIAMI FL 33135**

TITLE ☒ Delete
 NAME **MORALES, JOANNE**
 STREET ADDRESS **1800 SW 1 STREET #208**
 CITY-ST-ZIP **MIAMI FL 33135**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

TITLE ☐ Change ☒ Addition
 NAME **JOANNE MORALES**
 STREET ADDRESS **771 NW 126th**
 CITY-ST-ZIP **MIAMI, FL 33182**

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

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

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

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

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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/19/02 (305) 644-8822

Date

Daytime Phone #

CR2E034 (9/01)