

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 91885 040 ***150.00

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1. Entity Name
GUZMAN & ASSOCIATES, INC.



Principal Place of Business
1800 SW 1 STREET #209B
MIAMI FL 33135

Mailing Address
1800 SW 1 STREET #209B
MIAMI FL 33135

2. Principal Place of Business
5040 N.W. 7 ST.
Suite, Apt. #, etc. #610

3. Mailing Address
5040 N.W. 7 ST.
Suite, Apt. #, etc. #610

City & State **MIAMI, Florida**
Zip **33126** **Country** **USA**

City & State **MIAMI, Florida**
Zip **33126** **Country** **USA**



☐ CHECK HERE IF MAKING CHANGES

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 #209B
MIAMI FL 33135

7. Name and Address of New Registered Agent

Name **GUZMAN & ASSOCIATES**
Street Address (P.O. Box Number is Not Acceptable) **5040 N.W. 7 STREET**
Building **FLIGHT 7 BUILDING**
City **MIAMI** **FL** **Zip Code** **33126**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

3/3/2003.

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 **\$5.00 May Be**
Trust Fund Contribution. ☐ **Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> Delete
NAME	GUZMAN, JOSEPHINE	
STREET ADDRESS	1800 SW 1 STREET #208	
CITY-ST-ZIP	MIAMI FL 33135	
TITLE	VP	<input checked="" type="checkbox"/> Delete
NAME	GIMENEZ, JOANNE	
STREET ADDRESS	771 NW 126 CT.	
CITY-ST-ZIP	MIAMI FL 33182	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	President/Director	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JOSEPHINE GUZMAN GEORGE	
STREET ADDRESS	5040 NW 7 ST #610	
CITY-ST-ZIP	MIAMI, FL 33126	25% STOCK
TITLE	Vice-President/Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	WANDA GARCIA MENDOZA	
STREET ADDRESS	5040 NW 7 ST #610	
CITY-ST-ZIP	MIAMI, FL 33126	37.50% STOCK
TITLE	Secretary/Treasurer	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	JOANNE GIMENEZ	
STREET ADDRESS	5040 N.W. 7 ST #610 (STOCK)	
CITY-ST-ZIP	MIAMI, FL 33126	37.50% STOCK
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/3/2003 (705) 644-8822

Date

Daytime Phone #

CR2E034 (10/02)