

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 16, 2002 8:00 am
Secretary of State

09-16-2002 90160 017 ***550.00

DOCUMENT # P01000047002

1. Entity Name
GULLIPAR CORP.

Principal Place of Business

**198 NW 37TH AVE
 MIAMI FL 33125**

Mailing Address

**198 NW 37TH AVE
 MIAMI FL 33125**

2. Principal Place of Business

7333 Coral Way

3. Mailing Address

SAA

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Miami, Florida

City & State

SAA

4. FEI Number

14-1838100

☒ Applied For

☐ Not Applicable

Zip

33155

Country

USA

Zip

SAA

Country

SAA

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

**RODRIGUEZ, ROBERT W
 2121 PONCE DE LEON
 CORAL GABLES FL 33134**

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

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 \$550.00
 After September 13, 2002 Fee will be \$750.00
 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	President	<input type="checkbox"/> Delete
NAME	Anthony L. Davide	
STREET ADDRESS	7333 Coral Way	
CITY-ST-ZIP	Miami, FL 33155	
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		

12. 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
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 **RESTORED** **Anthony Davide** **9/12/2002** **395-461-0000**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #

CR2E034 (4/02)

Attachment # *678107*
999000068723
META INTERNATIONAL, INC.

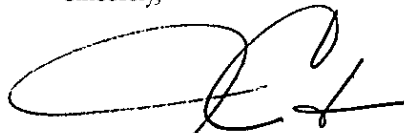
September 12, 2002

Division of Corporations
Annual Report/Reinstatement Section

Dear Sir or Madam:

Recently META International, Inc. received a late Notice for annual filing. We sent our original completed form and check for \$150.00 on April 1, 2002. However, no check has been cashed and no form has been filed. We then called the Department of State and they informed us to notify you in writing of the circumstances. We were informed to re-issue a new form and a new check in the amount of \$150.00. If you have any further questions, please contact me at 561-239-3431.

Sincerely,



Joseph Conti
President