FOR PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR)**

SIGNATURE

ral 2 DOCUMENT #~ P01000054749 FILED 1. Entity Name GUILARTE CORP. 02 OCT -4 PM 4:44 SECRETARY OF STATE TALLAHASSEE, FLORIDA DO NOT WRITE IN THIS SPACE 2. Principal Place of Business 3. Mailing Address 7205 NW 27th AVENUE 7205 NW 27th AVENUE Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State MIAMI, FL MIÁMI, FL 4. FEI Number Applied For 65-1109474 ^{Zip} **33146** Zip 33146 Countr Not Applicable Country MIAMI-DADE MIAMI-DADE 5. Certificate of Status Desired \$8.75 Additional Fee Required 7. Name and Address of Current Registered Agent Name DO NOT WRITE RAUL C. GUILARTE Street Address (P.O. Box Number is Not Acceptable) IN THIS SPACE 7205 NW 27th AVENUE City MIAMI Zip Code **33146** 8. The above named entity submit ent for the purpose of changing its registered office or registered agent, or both, in the State of Florida. SIGNATURE . 09/24/02 ne of registered agent and title if applicable, (NOTE: Registered Agent signature required when reinstating) 9. This corporation is eligible to satisfy its Intangible January 1 - May 1 Fee is \$150.00 Tax filing requirement and elects to do so. After May 1, Fee is \$550.00 10. Election Campaign Financing Amended UBR is \$61.25 \$5.00 May Be (See criteria on back) Trust Fund Contribution. Make Check Payable to Department of State Added to Fees 11. OFFICERS AND DIRECTORS TITLE TITLE RAUL C. GUILARTE 500008598895 CR2E034B (12/01) NAME STREET ADDRESS 10/25/02--01098--012 **150.00 4132 SW 102 COURT STREET ADDRESS CITY-ST-ZIP MIAMI FI 33165 CITY-ST-ZIP TITLE TITLE NAME MERCEDES GUILLARTE NAME STREET ADDRESS 4132 SW 102 COURT STREET ADDRESS CITY-ST-7IP MIAMI FI 33165 CITY-ST-ZIP TITLE S TITLE NAME **ERNESTINA MARTINEZ** NAME STREET ADDRESS 15570 NW 220 STREET STREET ADDRESS CITY-ST-ZIP OKEECHOREE FI 23972 CITY-ST-ZIP TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY - ST- ZIP TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-SI-ZIP CITY-ST-ZIP TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7JP CITY-ST-ZIP 13. I hereby certify that the information supplied with this filling 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 attachment with an address, with all other according to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or on an

PED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

305-835-8788

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GUILARTE CORP. 7205 NW 27th Avenue Miami, Fl 33146

September 24, 2002.

Division of Corporation P.O. Box 6327 Tallahassee, Fl 32314

Dear Sirs:

Due to this corporation changed its address, we did not receive the Uniform Business Report for the year 2002. It is for the reason we did not make the payments for this year.

We kindly ask that you accept the attach check in the amount of \$150.00, since this payment was not voluntarily made late.

We express our gratitude in advance.

Sincerely,

Raul C. Guilarte

President