

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 01, 2002 8:00 am
Secretary of State

04-02-2002 90900 021 ***150.00

DOCUMENT # P01000057010

1. Entity Name

GAUCHO ALL INTERIOR INC.

Principal Place of Business

**3517 S.W. 16TH ST
 FT. LAUDERDALE FL 33312**

Mailing Address

**3517 S.W. 16TH ST
 FT. LAUDERDALE FL 33312**

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number

651113382

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

GUEVARA, JUAN

3517 S.W. 16TH ST

FT. LAUDERDALE FL 33312

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.

SIGNATURE

Signature, typed or printed name of Registered Agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

4/19/02

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 \$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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **CEO/Founder** ☐ Delete
 NAME **Juan Guevara**
 STREET ADDRESS **3517 SW 16th St,**
 CITY-ST-ZIP **FL. Laud., FL 33312**

TITLE **n/a** ☐ Change ☐ Addition
 NAME **n/a**
 STREET ADDRESS **n/a**
 CITY-ST-ZIP **n/a**

TITLE **n/a** ☐ Delete
 NAME **n/a**
 STREET ADDRESS **n/a**
 CITY-ST-ZIP **n/a**

TITLE **n/a** ☐ Change ☐ Addition
 NAME **n/a**
 STREET ADDRESS **n/a**
 CITY-ST-ZIP **n/a**

TITLE **n/a** ☐ Delete
 NAME **n/a**
 STREET ADDRESS **n/a**
 CITY-ST-ZIP **n/a**

TITLE **n/a** ☐ Change ☐ Addition
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 CITY-ST-ZIP **n/a**

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 CITY-ST-ZIP **n/a**

TITLE **n/a** ☐ Change ☐ Addition
 NAME **n/a**
 STREET ADDRESS **n/a**
 CITY-ST-ZIP **n/a**

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:

JUAN D. GUEVARA-2-7-02/9548813347

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)