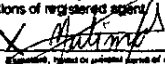
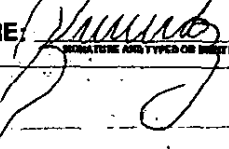


FILED
Apr 28, 2003 8:00 am
Secretary of State

04-28-2003 91457 050 ***150.00

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P01000084994					
1. Entity Name GUIBER INTERNATIONAL CORP.					
Principal Place of Business 615 CRICKET LAKE DR 615 NAPLES, FL 34112			Mailing Address 615 CRICKET LAKE DR 615 NAPLES, FL 34112		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
4. FEI Number 65-1134882				Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent OLIVEIRA, HELENA 21065 MADRIA CIRCLE BOCA RATON, FL 33433				7. Name and Address of New Registered Agent Name YULMAR BERNUDEZ Street Address (P.O. Box Number is Not Acceptable) 615 CRICKET LAKE DRIVE City Naples FL Zip Code 34112	
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  DATE 4/23/03 (Signature, Name or printed name of registered agent, and date if applicable. (NOTE: Registered Agent's signature required when substituting.)					
9. Election Campaign Financing Trust Fund Contribution. ☐				\$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS					
TITLE	P BERNUDEZ, YULMAR ☒ Delete		TITLE	P CHAR Bernudez ☐ Change ☒ Addition	
NAME	615 CRICKET LAKE DR		NAME	615 CRICKET LAKE DRIVE	
STREET ADDRESS	NAPLES, FL 34112		STREET ADDRESS	NAPLES FL 34112	
CITY - ST - ZIP			CITY - ST - ZIP		
TITLE	☐ Delete		TITLE	☐ Change ☐ Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY - ST - ZIP			CITY - ST - ZIP		
TITLE	☐ Delete		TITLE	☐ Change ☐ Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY - ST - ZIP			CITY - ST - ZIP		
TITLE	☐ Delete		TITLE	☐ Change ☐ Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY - ST - ZIP			CITY - ST - ZIP		
TITLE	☐ Delete		TITLE	☐ Change ☐ Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY - ST - ZIP			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)(f), 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 				DATE 4/23/03	
PRINT NAME AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					

CR2004 (10/02)