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Apr 28, 2003 8:00 am
Secretary of State
04-28-2003 91457 050 ***150.00

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

90113555

DOCUMENT # P01000084994

1. Entity Name
GUIBER INTERNATIONAL CORP.

Principal Place of Business	Mailing Address
615 CRICKET LAKE DR 615 NAPLES, FL 34112	615 CRICKET LAKE DR 615 NAPLES, FL 34112

2. Principal Place of Business / Suite, Apt #, etc. / City & State / Zip / Country

3. Mailing Address / Suite, Apt #, etc. / City & State / Zip / Country

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number 65-1134692 — Applied For / Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

OLIVEIRA, HELENA
21095 MADRIA CIRCLE
BOCA RATON, FL 33433

7. Name and Address of New Registered Agent

Name: Yulimar Bermudez
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 [signature] 4/23/03
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

9. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P BERMUDEZ, YULIMAR 615 CRICKET LAKE DR NAPLES, FL 34112	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P OMAR Bermudez 615 Cricket Lake Drive Naples Fl 34112	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

CR2E034 (10/02)

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] 4/23/03
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #