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04-18-2003 90193 029 ***150.00

2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P02000027803

1. Entity Name
GUSLUC ENTERPRISE CORP.



55043243

Principal Place of Business
1580 SAWGRASS CORPORATE PARKWAY
SUITE 130
SUNRISE, FL 33323

Mailing Address
2457 CENTERGATE DRIVE
APT 410-207
MIAMI, FL 33025

3. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

City & State
City & State

Zip Country
Zip Country



☐ CHECK HERE IF MAKING CHANGES

4. FEI Number 33-1434428 Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent
HERNAIZ DE MATOS, LUCRECIA
1512 SW 187 TER
PEMBROKE PINES, FL 33029

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 _____ DATE _____
(Signature, name, and address of registered agent and a fee of \$100.00) (NOTE: Registered agent's signature required when changing agent)

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 10		
TITLE	NAME	☐ Delete	TITLE	NAME	☐ Change ☐ Addition
NAME	HERNAIZ DE MATOS, LUCRECIA		NAME		
STREET ADDRESS	1512 SW 187 TER		STREET ADDRESS		
CITY-ST-ZIP	PEMBROKE PINES, FL 33029		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)(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 true information.

SIGNATURE: Lucia Hernandez 04-15/03 (954) 430-6150
Signature and Typed or Printed Name of Signing Officer or Director