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

## DOCUMENT #

P02000076169

1. Entity Name

13191 SW 24 ST MIRAMAR FL 33027

SIGNATURE

GUILLE'S FINE FURNITURE, INC.



## **FILED** Jan 09, 2003 8:00 am Secretary of State

01-09-2003 90120 024 \*\*\*150.00

			No.				
Principal Place of Business 13191 SW 24 ST MIRAMAR FL 33027		Mailing Address 13191 SW 24 ST MIRAMAR FL 33027					
2. Principal Place of Business		3. Mailing Address					
Suite, Apt. #, etc.		Suite, Apt. #, etc.		CHECK HERE IF MAKING CHANGES			
City & State		City & State		4. FEI Number Applied Not App.			
Zip	Country	Zíp	Country	5. Certificate of Status Desired \$8.75 Additional Fee Required			
	6. Name and Address of Ci	urrent Registered Agent	7. Name and Address of New Registered Agent				
RODRIGUEZ.	GUILLERMO H		Name				
			Street Ad	Street Address (P.O. Box Number is Not Acceptable)			

8. The above hamed 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.

City

FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

Zip Code

Applied For Not Applicable

		~7.7				
10.	OFFICERS AND DIRECTORS	<u> </u>	11.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
NAME STREET ADDRESS CITY-ST-ZIP	D RODRIGUEZ, GUILLERMO H 13191 SW 24TH ST MIRAMAR FL 33027	☐ 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

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:

