

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 25, 2003 8:00 am
Secretary of State

04-25-2003 90332 027 ***158.75

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DOCUMENT # P02000079688

1. Entity Name
GUISTE MAINTENANCE SERVICES INC.



Principal Place of Business
1202 SALZEDO ST., #14
CORAL GABLES FL 33134

Mailing Address
1202 SALZEDO ST., #14
CORAL GABLES FL 33134

2. Principal Place of Business

1202 SALZEDO ST.

3. Mailing Address

1202 SALZEDO ST

Suite, Apt., etc.

13

Suite, Apt., etc.

13

City & State

CORAL GABLES - FLA

City & State

CORAL GABLES - FLA

Zip

33134

Country

USA

Zip

33134

Country

USA

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number

13-4230218

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

GONCALVES, CARLOS J
1202 SALZEDO ST., #14
CORAL GABLES FL 33134

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution.

☐

\$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE **P** ☐ Delete
NAME **GONCALVES, CARLOS J**
STREET ADDRESS **1202 SALZEDO ST., #14**
CITY-ST-ZIP **CORAL GABLES FL 33134**

TITLE **V** ☐ Delete
NAME **ANTONELLI, GIULIANA**
STREET ADDRESS **1202 SALZEDO ST., #14**
CITY-ST-ZIP **CORAL GABLES FL 33134**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P** ☒ Change ☐ Addition
NAME **GONCALVES CARLOS J.**
STREET ADDRESS **1202 SALZEDO ST #13**
CITY-ST-ZIP **CORAL GABLES - FLA 33134**

TITLE **V** ☒ Change ☐ Addition
NAME **ANTONELLI GIULIANA**
STREET ADDRESS **1202 SALZEDO ST. #13**
CITY-ST-ZIP **CORAL GABLES - FL 33134**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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 without all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/21/2003

Date

305/4476622

Daytime Phone #

CR2E034 (10/02)