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

DOCUMENT #

Principal Place of Business

P02000096655

Mailing Address

1. Entity Name GURICAR, INC.



FILED Feb 21, 2003 8:00 am Secretary of State

02-21-2003 90831 035 ***150.00

C/O ROTH, ROUSSO & DARACH, P.A. C/O ROTH, ROUSSO & DARACH, P.A. 3440 HOLLYWOOD BOULEVARD #360 3440 HOLLYWOOD BOULEVARD #360 HOLLYWOOD FL 33021 HOLLYWOOD FL 33021 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 Numbe Applied For 47-0898706 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name ROTH, LEONARDO A ESQ. Street Address (P.O. Box Number is Not Acceptable) C/O ROTH, ROUSSO & DARACH, P.A. 3440 HOLLYWOOD BOULEVARD #360 HOLLYWOOD FL 33021 City Zip Code 8. The above named entry 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 reg listered agent. SIGNATURE ered agent and title if applicable FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing **\$5.00** May Be After May 1, 2003 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 ☐ Delete TITLE ☐ Addition Change KUCHIKIAN, GUSTAVO C NAME NAME 3440 HOLLYWOOD BLVD. #360 STREET ADDRESS STREET ADDRESS HOLLYWOOD FL 33021 CITY-ST-ZIP CITY-ST-718 VTD TITLE ☐ Delete Change ☐ Addition NAME KUCHIKIAN, RICARDO NAME 3440 HOLLYWOOD BLVD. #360 STREET ADDRESS STREET ADDRESS CITY-ST-7IP HOLLYWOOD FL 33021 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME KUCHIKIAN, CARLOS NAME 3440 HOLLYWOOD BLVD. #360 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP HOLLYWOOD FL 33021 CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE □ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIF CITY-ST-ZIP TITLE Delete ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

I hereby certify that the inf indicated on this report or not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information trate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director bute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if of the corporation or the rechanged, or on an attach-

SIGNATURE:

SIGNATURE AND DEED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTO

CR2E034 (10/02)