2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT #

P02000133155

1. Entity Name

GURIA CORPORATION



FILED Feb 26, 2003 8:00 am Secretary of State

02-26-2003 90125 023 ***150.00

				<u>Error</u>
Principal Place of Business 4848 N. STATE ROAD SUITE 304 COCONUT CREEK FL 33073		Mailing Address 4848 N. STATE ROAD SUITE 304 COCONUT CREEK FL 33	3073	
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 For Not Applied by
Zip	Country -	Zip	Country	5. Certificate of Status Desired S8.75 Additional Fee Required
	6 Name and Address o	f Current Registered Agent	i	7. Name and Address of New Registered Agent
		· Corrent riegistered Agent	Name	7. Haille allo Addiess of New Registered Agent
	ia consulting service 203RD street	S, INC.		Address (P.O. Box Number is Not Acceptable)
SUITE 10	er.	<i>:</i>		
	DE FL 33180	•	City	FL Zip Code
8.—The above the obliga SIGNATURE	e named entity submits this stations of registreed agent. Spinature, typed or printed name of reg		ts registered office or r	r registered agent, or both, in the State of Florida. I am familiar with, and accept
Afte	FILE NOW!!! FEE IS \$15 or May 1, 2003 Fee will be k Payable to Florida Depar	\$550.00	11.	9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees
				ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
TITLE NAME STREET ADORESS CITY-ST-ZIP	PD ANTONIO ANGELO MOR 4848 N. STATE ROAD # COCONUT CREEK FL 33	304	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD FERREIRA, RODRIGO C 4848 N. STATE ROAD # COCONUT CREEK FL 33	⊠ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD TSIancá Grinberg Moro Redeshi 4848 N. State Road. #304 3-
TITLE NAME STREET ADDRESS	SD DOMENICA GRINBERG M 4848 N. STATE ROAD #	Delete MORO REDESCHI 304	TITLE NAME STREET ADDRESS	☐ Change ☐ Addition
TITLE NAME	COCONUT CREEK FL 33	0073 ☐ Delete	CITY-ST-ZIP TITLE NAME	☐ Change ☐ Addition
STREET ADDRESS CITY-ST-ZIP			STREET ADDRESS CITY-ST-ZIP	
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-SI-7IP	☐ 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 eath; 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: