

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 02, 2000 8:00 am
Secretary of State

05-02-2000 90069 049 ***150.00

DOCUMENT # P93000068810

1. Entity Name
GUILONKA CORPORATION

Principal Place of Business
 890 SW 87TH AVENUE
 SUITE #17
 MIAMI FL 33174
 US

Mailing Address
 690 SW 87TH AVENUE
 SUITE #17
 MIAMI FL 33174-3245
 US

2. Principal Place of Business
 Suite, Apt. #, etc.
 City & State
 Zip Country

3. Mailing Address
 Suite, Apt. #, etc.
 City & State
 Zip Country

4. FEI Number **65-0444346** Applied For
 Not Applicable

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

949702



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent
ARRINDELL, GUILLERMO A
11333 N.W. 62ND TERRACE
MIAMI FL 33178

7. Name and Address of New Registered Agent
 Name: **ARRINDELL, GUILLERMO A.**
 Street Address (P.O. Box Number is Not Acceptable): **5078 N.W. 114 AV # 201**
MIAMI, FL 33178
 City: **MIAMI, FL** Zip Code: **33178**

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.
 SIGNATURE: **Estela I. Arrindel** (Estela I. Arrindel) **VICE PRESIDENT** DATE: **04/21/2000**

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> Delete
NAME	ARRINDELL, GUILLERMO A	
STREET ADDRESS	11333 N.W. 62ND TERRACE	
CITY-ST-ZIP	MIAMI FL 33178	
TITLE	STD	<input type="checkbox"/> Delete
NAME	ARRINDELL, ESTELA I	
STREET ADDRESS	11333 N.W. 62ND TERRACE	
CITY-ST-ZIP	MIAMI FL 33178	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	ARRINDELL, GUILLERMO A.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ARRINDELL, GUILLERMO A.	
STREET ADDRESS	5078 N.W. 114 AV # 201	
CITY-ST-ZIP	MIAMI, FL 33178	
TITLE	ARRINDELL, ESTELA I.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ARRINDELL, ESTELA I.	
STREET ADDRESS	5078 N.W. 114 AV # 201	
CITY-ST-ZIP	MIAMI, FL 33178	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **Estela I. Arrindel** Date: _____ Daytime Phone #: _____
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR