

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Oct 03, 2002 8:00 am**  
**Secretary of State**

09-19-2002 90161 006 \*\*\*550.00

**DOCUMENT # P97000037617**

1. Entity Name  
**TORRES GULYAS IMPORT, CORP.**

Principal Place of Business  
**4995 N.W. 72ND AVENUE  
SUITE 402  
MIAMI FL 33166**

Mailing Address  
**4995 N.W. 72ND AVENUE  
SUITE 402  
MIAMI FL 33166**

43546



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business  
**544 NW 26 Street**

3. Mailing Address  
**544 NW 26 Street**

City & State  
**Miami, Florida**

City & State  
**Miami, Florida**

Zip  
**33127**

Country  
**USA**

Zip  
**33127**

Country  
**USA**

4. FEI Number **65-0748357**  Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

**TORRES GULYAS, ENRIQUE A**  
**4995 N.W. 72ND AVENUE  
SUITE 402  
MIAMI FL 33166**

**7. Name and Address of New Registered Agent**

Name  
**TORRES GULYAS, ENRIQUE A**

Street Address (P.O. Box Number is Not Acceptable)

**544 NW 26 Street**

City **Miami** **FL** Zip Code **33127**

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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, 2002 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 NAME STREET ADDRESS CITY-ST-ZIP	<b>PD TORRES GULYAS, ENRIQUE A 4995 N.W. 72ND AVENUE, STE. 402 MIAMI FL 33166</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD TORRES GULYAS, ENRIQUE A 544 NW 26 Street Miami, FL 33127</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

CR2E034 (9/01)

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: **SIGNATURE REQUIRED**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date \_\_\_\_\_ Daytime Phone # \_\_\_\_\_