2000 UNIFORM BUSINESS REPORT (UBR)

changed, or on an attachment with an address, with all other

FILED DOCUMENT # **P98000002940** Feb 24, 2000 8:00 am **Secretary of State** GUYAM ENTERPRISES, INC. 02-24-2000 90008 005 ***158.95 Principal Place of Business Mailing Address 4456 W. HALLANDALE BEACH BOULEVARD 4456 W. HALLANDALE BEACH BOULEVARD HALLANDALE FL 33127 HALLANDALE FL 33023 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 65-0810821 Not Applicable Zip Country \$8.75 Additional Zip 5. Certificate of Status Desired Fee Required... 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name **ELVIS, MICHAEL** Street Address (P.O. Box Number is Not Acceptable) 4456 W. HALLANDALE BEACH BOULEVARD HALLANDALE FL 33023 Zip Code FL 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 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so-Trust Fund Contribution Added to Fees Make Check Payable to Department of State (See criteria on back) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. 11. Addition Change ☐ Delete TITLE TITLE ELVIS, MICHAEL NAME STREET ADDRESS STREET ADDRESS 3030 JASPER WAY CITY-ST-ZIP CITY-ST-ZIP MIRAMAR FL 33025 ☐ Change ☐ Addition ☐ Delete TITLE TITLE THOMAS-ELVIS, DAWN NAME NAME STREET ADDRESS STREET ADDRESS 3030 JASPER WAY CITY-ST-ZIP -CITY-ST-ZIP MIRAMAR-FL-33025 Change ☐ Addition TITLE Delete TITI F NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delere ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition ☐ Delete TITLE ☐ Change TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 13. Thereby certify that the information supplied with this filling 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