

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 16, 2001 8:00 am
Secretary of State

05-16-2001 90206 028 ***150.00

DOCUMENT # P98000002940

1. Entity Name
GUYAM ENTERPRISES, INC.

Principal Place of Business 4456 W. HALLANDALE BEACH BOULEVARD HALLANDALE FL 33023	Mailing Address 4456 W. HALLANDALE BEACH BOULEVARD HALLANDALE FL 33127
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2. Principal Place of Business Guyam Enterprise	3. Mailing Address 4456 W. Hallandale
Suite, Apt. #, etc. 4456 W. Hallandale	Suite, Apt. #, etc. Bch Blvd
City & State Bch Blvd	City & State Hallandale, FL 33023
Zip 33023	Country U.S.A.



DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0810821	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**ELVIS, MICHAEL
 4456 W. HALLANDALE BEACH BOULEVARD
 HALLANDALE FL 33023**

Name
NONE

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

City
FL Zip Code

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, 2001 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			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	PD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ELVIS, MICHAEL		NAME		
STREET ADDRESS	3030 JASPER WAY		STREET ADDRESS		
CITY-ST-ZIP	MIRAMAR FL 33025		CITY-ST-ZIP		
TITLE	STD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	THOMAS-ELVIS, DAWN		NAME		
STREET ADDRESS	3030 JASPER WAY		STREET ADDRESS		
CITY-ST-ZIP	MIRAMAR FL 33025		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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: Dawn Elvis
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/29/01
 Date

Daytime Phone #

CR2E034 (10/00)