## 2000 UNIFORM BUSINESS REPORT (UBR)

## **FILED** Mar 15, 2000 8:00 am Secretary of State DOCUMENT # **P98000006253** GLORIA GUASCH, INC. 03-15-2000 90115 024 \*\*\*150.00 Principal Place of Business Mailing Address 6021 B/BAY #4 N.W. 31ST AVENUE 6021 B/BAY #4 N.W. 31ST AVENUE FORT LAUDERDALE FL 33309 FORT LAUDERDALE FL 33309 A0039127 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite: Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State 4. FEI Number Applied For City & State 65-0805881 Not Applicable Zip Country Country \$8.75 Additional П 5. Certificate of Status Desired Fee Required 7: Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name GUASCH, GLORIA Street Address (P.O. Box Number is Not Acceptable) 6021 B/BAY #4 N.W. 31ST AVENUE FORT LAUDERDALE FL 33309 Zip Code City 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 FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing **\$5.00** May Be Tax filing requirement and elects to do so After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. **PVTS** ☐ Delete ☐ Addition TITLE TITLE NAME GUASCH, GLORIA NAME STREET ADDRESS STREET ADDRESS 6021 B/BAY #4, NW 31ST AVENUE CITY-ST-ZIP CITY-ST-ZIP FT LAUDERDALE FL 33309 Addition ☐ Change TITLE ☐ Delete TITLE NAME NAME Guasch, Gloria STREET ADDRESS STREET ADDRESS 6021 B/BAY #4. NW 31ST AVENUE CITY-ST-ZIP CITY-ST-7IP FT LAUDERDALE FL 33309 Change ☐ Addition TITLE ☐ Delete TITL F NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP Change ☐ Addition TITLE Delete TITLE NAME MAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition 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 attach men with an address all other like empowered

CITY-ST-ZIP

TITLE

NAME STREET ADDRESS

SIGNATURE:

STREET ADDRESS

Long IGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

☐ Delete

01-27-00

Change

Addition