FILED May 02, 2001 8:00 am Secretary of State

05-02-2001 90204 029 ***150.00

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000006253

GLORIA GUASCH, INC.

Principal Place of Business

6021 B/BAY #4 N.W. 31ST AVENUE FORT LAUDERDALE FL 33309 Mailing Address

6021 B/BAY #4 N.W. 31ST AVENUE

FORT LAUDERDALE FL 33309

Principal Place of Business	3. Mailing Address
	/
Suite, Apt. #, etc.	Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State City & State Applied For 4. FEI Number 65-0805881 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired П Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name

GUASCH, GLORIA

Signature, typed or printed name of registered agent and title if applicable.

6021 B/BAY #4 N.W. 31ST AVENUE FORT LAUDERDALE FL 33309 Street Address (P.O. Box Number is Not Acceptable)

City

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.

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.

SIGNATURE

FILE NOW!!! FEE IS \$150.00

After MAY 1, 2001 Fee will be \$550.00

Make Check Payable to Department of State

(NOTE: Registered Agent signature required when reinstating)

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

(See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. PVIS TITLE ☐ Delete TITLE ☐ Change Addition GUASCH, GLORIA NAME NAME 6021 B/BAY #4, NW 31ST AVENUE STREET ADDRESS STREET ADDRESS FT LAUDERDALE FL 33309 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Change ☐ Addition Delete TITLE GUASCH, GLORIA NAME NAME STREET ADDRESS 6021 B/BAY #4. NW 31ST AVENUE STREET ADDRESS FT LAUDERDALE FL 33309 CITY-ST-7IP CITY-ST-ZIP Addition Change TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change TITLE Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIF CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

13. I hereby certify that the information exposited 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 suppremental 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 leport 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/25/01 (954) 972-5727

Dayuma Phone #