2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000038727

1. Entity Name

PROMOCIONES IBAY, CORPORATION

FILED

02 APR 23 PM 3·58

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business	Mailing Address
~~7891 WEST FLAGLER STREET~~	~~7891 WEST FLAGLER STREET~~
~~SUITE 186~~	~~SUITE 186~~
~~MIAMI FL 33144~~	~~MIAMI FL 33144~~

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
4855 NW 4 ST.
Suite, Apt. #, etc.

3. Mailing Address
4855 NW 4 ST.
Suite, Apt. #, etc.

City & State Miami, FL
Zip 33126 Country

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Zip 33126 Country

4. FEI Number 65-0832263

☐ Applied For
☐ Not Applicable

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

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6. Name and Address of Current Registered Agent

GUGLIOTTA, ESTHER L
4855 N.W. 4TH STREET
MIAMI FL 33126

7. Name and Address of New Registered Agent

Name Alfredo E. Gugliotta.

Street Address (P.O. Box Number is Not Acceptable).
4855 NW 4 ST.

City Miami   FL   Zip Code 33126.

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 (X) _____

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

10000538831--8
-04/30/02--01012--001
****150.00   ****150.00

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

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11.	OFFICERS AND DIRECTORS		12.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE **D** NAME **GUGLIOTTA, ALFREDO E** STREET ADDRESS **4855 NW 4TH ST** CITY-ST-ZIP **MIAMI FL 33126**		☐ Delete	TITLE President.- NAME Alfredo E. Gugliotta STREET ADDRESS CITY-ST-ZIP		☒ Change	☐ Addition
TITLE **P** NAME **GUGLIOTTA, ESTHER L** STREET ADDRESS **4855 NW 4TH ST** CITY-ST-ZIP **MIAMI FL 33126**		☐ Delete	TITLE Director NAME Esther L. Gugliotta STREET ADDRESS CITY-ST-ZIP		☒ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change	☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change	☐ Addition

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 (X) _____   (305) 443-6014

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #