

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 18, 2001 8:00 am
Secretary of State

05-18-2001 90010 043 ***150.00

A0063257

DOCUMENT # PA0000093596
1. Entity Name
 BY GUS INC

Principal Place of Business **Mailing Address**
 2895 BISCAYNE BLVD # 283 848 SW 9 ST CIRCLE #201
 MIAMI, FL 33137 BOCA RATON, FL 33186

2. Principal Place of Business **3. Mailing Address**
 2895 BISCAYNE BLVD
 Suite, Apt. #, etc. Suite, Apt. #, etc.
 283

City & State **City & State**
 MIAMI - FLORIDA

Zip **Country** **Zip** **Country**
 33137 USA

4. FEI Number **Applied For**
 65-0885832 Not Applicable

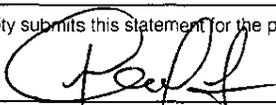
5. Certificate of Status Desired **\$8.75 Additional Fee Required**

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent
 HECTOR GUSTAVO GOMEZ
 848 SW 9 ST - CIRCLE #201
 BOCA RATON - FL 33486

7. Name and Address of New Registered Agent
 Name
 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)

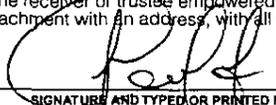
FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State

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

11. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Hector Gustavo Gomez <input type="checkbox"/> Delete PRESIDENT 848 SW 9 ST CIRCLE # 201 BOCA RATON - FL 33186
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Miriam Felzonszwilbe <input type="checkbox"/> Delete VICE PRESIDENT 3847 NE 168 ST # 5 I MIAMI, FL 33160
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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:  Hector G. Gomez **04/18/01** **(561) 4454373**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/00)