

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 01, 2002 8:00 am
Secretary of State

05-01-2002 91525 024 ***150.00

DOCUMENT # **P98000093596**

1. Entity Name

By Gus, Inc.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

6161 NW 72 AV

Suite, Apt. #, etc.

3. Mailing Address

848 SW 9 ST CIRCLE

Suite, Apt. #, etc.

201

City & State

MIAMI FLORIDA

City & State

BOCA RATON FLORIDA

Zip

33166

Country

Zip

33486

Country

4. FEI Number

65-0885 832

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

HECTOR GUSTAVO GOMEZ

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

848 SW 9 ST CIRCLE # 201

City

BOCA RATON

FL

Zip Code

33486

**DO NOT WRITE
IN THIS SPACE**

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.

Hector Gomez

04/15/02

(NOTE: Registered Agent Signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its intangible

Tax filing requirement and elects to do so.

(See criteria on back)

☐

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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	PRESIDENT HECTOR GOMEZ 848 SW 9 ST CIRCLE # 201 BOCA RATON FL 33486
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CR2E034B (12/01)

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

Hector Gomez

04/15/02

(561) 4454373

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #