

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 26, 2001 8:00 am
Secretary of State

03-26-2001 90039 009 ***150.00

DOCUMENT # P99000019011

1. Entity Name

CLAUDIA & GUSTAVO CORPORATION

Principal Place of Business

**5857 S.W. 64TH PLACE
MIAMI FL 33143**

Mailing Address

**5857 S.W. 64TH PLACE
MIAMI FL 33143**

2. Principal Place of Business

7711 SW 56 ST

3. Mailing Address

7711 SW 56 ST

- Suite, Apt. #, etc. -

A-109

- Suite, Apt. #, etc. -

A-109

City & State

MIAMI, FL

City & State

MIAMI, FL

Zip

33155

Country

USA

Zip

33155

Country

USA

4. FEI Number

65-0932864

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**DE ARMAS, GUSTAVO
5857 S.W. 64TH PLACE
MIAMI FL 33143**

7. Name and Address of New Registered Agent

Name **DE ARMAS, GUSTAVO**

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

7711 SW 56 ST A-109

City

MIAMI

FL

Zip Code

33155

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

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 **PD** ☐ Delete
NAME **DE ARMAS, CLAUDIA**
STREET ADDRESS **5857 S.W. 64TH PLACE**
CITY-ST-ZIP **MIAMI FL 33143**

TITLE **STD** ☐ Delete
NAME **DE ARMAS, GUSTAVO**
STREET ADDRESS **5857 S.W. 64TH PLACE**
CITY-ST-ZIP **MIAMI FL 33143**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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 attachment with an address, with all other like empowered.

SIGNATURE: *Gustavo de Armas*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-22-01 / (305) 275-3282

Date

Daytime Phone #

CR2E034 (10/00)