

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

**FILED**  
**Jun 30, 2003 8:00 am**  
**Secretary of State**

06-30-2003 90066 015 \*\*\*150.00

DOCUMENT # P99000019011

1. Entity Name

CLAUDIA & GUSTAVO CORPORATION



**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

7711 S.W 56<sup>th</sup> STREET

Suite, Apt. #, etc.

A-109

3. Mailing Address

7711 S.W 56<sup>th</sup> STREET

Suite, Apt. #, etc.

A-109

City & State

MIAMI, FLORIDA

City & State

MIAMI, FLORIDA

Zip

33155

Country

MIAMI DADE

Zip

33155

Country

MIAMI-DADE

DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0932864

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

7. Name and Address of Current Registered Agent

Name

GUSTAVO DE ARMAS

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

7711 SW 56<sup>th</sup> STREET 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

Make Check Payable to Florida Department of State

9. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE P  
NAME DE ARMAS, CLAUDIA  
STREET ADDRESS 7711 S.W 56<sup>th</sup> STREET A109  
CITY-ST-ZIP MIAMI FLA 33155

TITLE D  
NAME DE ARMAS, GUSTAVO  
STREET ADDRESS 7711 SW 56<sup>th</sup> STREET A-109  
CITY-ST-ZIP MIAMI FLA 33155

TITLE  
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**DO NOT WRITE  
IN THIS SPACE**

12. 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 10 or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

06-26-03 (305) 275 3282

Date

Daytime Phone #

CR2E034B (12/02)