

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 11, 2000 8:00 am
Secretary of State

04-11-2000 90035 044 ***150.00

DOCUMENT # P99000026154

1. Entity Name
GUSTAVO MEDINA & ASSOCIATES, INC.

Principal Place of Business 3332 TORREMOLINOS AVE. MIAMI FL 33178	Mailing Address 3332 TORREMOLINOS AVE. MIAMI FL 33178-2955
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 3332 Torremolinos Av.	3. Mailing Address 3332 Torremolinos Av.
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State Miami FL.	City & State Miami FL.	FEL Number 85-0908818	Applied For <input type="checkbox"/> Not Applicable
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Zip 33178	Country USA.	Zip 33178	Country USA	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent MEDINA, GUSTAVO 3332 TORREMOLINOS AVE. MIAMI FL 33178	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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8. The above named entity submits this statement for the purpose of changing its registered office, registered agent, or both, in the State of Florida.

SIGNATURE *Gustavo Medina* DATE 04/03/00
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. <input type="checkbox"/>	FILE NOW!!! FEE IS \$150.00 After MAY 1, 2000 Fee will be \$550.00 Make Check Payable to Department of State	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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 NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
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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 Medina* DATE 04/03/00 (305) 406 9949
Signature and typed or printed name of signing officer or director

UBR 100

CR2E034 (9/99)