

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 15, 2001 8:00 am
Secretary of State

05-15-2001 90065 026 ***150.00

DOCUMENT # P99000026154

1. Entity Name
GUSTAVO MEDINA & ASSOCIATES, INC.

Principal Place of Business Mailing Address
3332 TORREMOLINOS AVE. 3332 TORREMOLINOS AVE.
MIAMI FL 33178 MIAMI FL 33178

2. Principal Place of Business 3. Mailing Address
8430 NW 68th St. #6 8430 NW 68th St. #6

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State **Miami** City & State **Miami**

Zip **FL** Country **33166** Zip **FL** Country **33166**

4. FEI Number **65-0908818** Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MEDINA, GUSTAVO
3332 TORREMOLINOS AVE.
MIAMI FL 33178

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 *Gustavo Medina* **04/20/01**
 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D**
 NAME **MEAINA, GVSTAVO** ← Fix spelling Delete
 STREET ADDRESS **3332 TORRE WLIOWS AVE**
 CITY-ST-ZIP **MIAMI FL 33178**

TITLE **D** Change Addition
 NAME **MEDINA GUSTAVO**
 STREET ADDRESS **8430 NW 68th St #6**
 CITY-ST-ZIP **Miami FL 33166**

TITLE **M**
 NAME **MEALOWS, NICOLE** ← Fix spelling Delete
 STREET ADDRESS **3332 TORRE WLIOWS AVE**
 CITY-ST-ZIP **MIAMI FL 33178**

TITLE **D** Change Addition
 NAME **MEDINA Nicole**
 STREET ADDRESS **8430 NW 68th St. #6**
 CITY-ST-ZIP **Miami, FL 33166**

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
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 STREET ADDRESS
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TITLE Change Addition
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 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 duly empowered.

SIGNATURE: *Gustavo Medina* **04/20/01**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)