

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000068129

1. Entity Name
GURI INVESTMENTS INC.

FILED
Jun 17, 2002 8:00 am
Secretary of State

05-14-2002 90335 015 ***150.00

Principal Place of Business
2000 S DIXIE H.W
100 F
MIAMI FL 33133.

Mailing Address
2000 S DIXIE H W
100 F
MIAMI FL 33133



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address		4. FEI Number 65-0963563		Applied For Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
Zip	Country	Zip	Country				

6. Name and Address of Current Registered Agent MALEK, FARHAD 2333 BRICKELL AVE MESSANINE STE MIAMI FL 33129		7. Name and Address of New Registered Agent Name: Maria Victoria Uribe de De Guzman Street Address (P.O. Box Number is Not Acceptable) 2000 S. Dixie Highway Suite 100F City: Miami FL Zip Code: 33133	
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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: Maria Victoria Uribe de Guzman DATE: June 25/02
(Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent's signature required when reappointing.)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. ☐ **FILE NOW!!! FEE IS \$150.00**
After May 1, 2002 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 NAME STREET ADDRESS CITY-ST-ZIP	PD URIBE, JAIME 4173 STAGHORN LANE WESTON FL 33331 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input 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: Maria Victoria Uribe de Guzman DATE: June 25/02 305 859 7926
(Signature and typed or printed name of signing officer or director)

PRESIDENT

CR2E034 (9/01)