

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

**FILED**  
**May 10, 2002 8:00 am**  
**Secretary of State**

05-10-2002 90039 024 \*\*\*150.00

DOCUMENT # P99000097024

1. Entity Name

G Y M D E P O T . C O M , I n c .

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

23277 Barwood Ln.

Suite, Apt. #, etc.

#403

City & State

Boca Raton FL

Zip

33428

Country

USA

3. Mailing Address

23277 Barwood Ln.

Suite, Apt. #, etc.

#403

City & State

Boca Raton FL

Zip

33428

Country

USA

DO NOT WRITE IN THIS SPACE.

4. FEI Number

65-0971318

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

7. Name and Address of Current Registered Agent

Name

Rafael Guerrero

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

23277 Barwood Ln.

City

Boca Raton

FL

Zip Code

33428

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

Signatures typed or printed name of registered agent and sign 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)

☒

January 1 - May 1 Fee is: \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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 P  
NAME Richard Guerrero  
STREET ADDRESS 3214 Greenstone Way  
CITY - ST - ZIP Herndon VA 20171

TITLE ST  
NAME Anamaria Guerrero  
STREET ADDRESS 3214 Greenstone Way  
CITY - ST - ZIP Herndon VA 20171

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**DO NOT WRITE  
IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

Rafael Guerrero

29 Apr 02

703-437-8006

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034B (12/01)