

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000106506

1. Entity Name

A.L. GUANI & ASSOCIATES, INC.

**R**

**FILED**  
**Jun 23, 2000 8:00 am**  
**Secretary of State**

05-19-2000 90044 033 \*\*\*150.00

Principal Place of Business

Mailing Address

C/O KENNETH F. DARROW, ESO.  
 9350 S DIXIE HWY, SUITE 1550  
 MIAMI FL 33156

C/O KENNETH F. DARROW, ESO.  
 9350 S DIXIE HWY, SUITE 1550  
 MIAMI FL 33156

2. Principal Place of Business

9400 So Dadeland Blvd

3. Mailing Address

9400 So Dadeland Blvd

Suite, Apt. #, etc.

PH5

Suite, Apt. #, etc.

PH5

City & State

Miami FL

City & State

Miami FL

4. FEI Number

Applied For  
 Not Applicable

Zip 33156

Country

Zip 33156

Country

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

DARROW, KENNETH F  
 9350 S DIXIE HWY, SUITE-1550  
 MIAMI FL 33156

Name

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

9400 So Dadeland Blvd

PH5

City

Miami

FL

Zip Code

33156

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

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, 2000 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	A. Lucinda Guani	<input type="checkbox"/> Delete
NAME	Director	
STREET ADDRESS	9400 So. Dadeland Blvd, PH5	
CITY-ST-ZIP	Miami FL 33156	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS		
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NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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 like empowered.

SIGNATURE:

*(Signature)*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

28 Apr 2000 305.793.2033

Date Daytime Phone #

CR2E034 (9/99)