

2000 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # S10376**

1. Entity Name

GUMELIZ ENTERPRISES, INC.**FILED****May 08, 2000 8:00 am**
Secretary of State

05-08-2000 90081 043 ***150.00



DO NOT WRITE IN THIS SPACE

Principal Place of Business

Mailing Address

22864 MARKHAM WAY
BOCA RATON FL 33428**22864 MARKHAM WAY**
BOCA RATON FL 33428-3931

2. Principal Place of Business

3. Mailing Address

2023 NW, 45 AVE**2023 NW, 45 AVE**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

COCONUT CREEK

City & State

COCONUT CREEK

4. FEI Number

65-0293391

Applied For

Not Applicable

Zip

Country

33066

Zip

Country

330665. 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

CARRODEGUAS, JORGE A.
22864 MARKHAM WAY
BOCA RATON FL 33428

Name

OSCAR CONCA

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

2023 NW, 45 AVE

City

COCONUT CREEK**FL**

Zip Code

33066

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 (NOTE: Registered Agent signature required when reinstating)

4/24/00
DATE9. 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 State10. 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** ☒ Delete
NAME **CARRODEGUAS, JORGE A.**
STREET ADDRESS **22864 MARKHAM WAY**
CITY-ST-ZIP **BOCA RATON FL 33428**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE **D** ☐ Delete
NAME **CONCA, OSCAR**
STREET ADDRESS **2023NW 45 AVE**
CITY-ST-ZIP **COCONUT CREEK FL 33066**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
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CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/24/00
Date**(954) 973-9499**
Daytime Phone #