2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **V28735**

1. Entity Name

GUIMA'S TRADING, INC.

Principal Place of Business

4457 PURDY LN 4457 PURDY LN.

STE. A

Mailing Address

STE. A W. PALM BCH. FL 33406-7563 W. PALM BCH, FL 33406 US Principal Place of Business 3. Mailing Address 4457 Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. STE STE Applied For City & State 4. FEI Number 65-0327394 Not Applicable Zip \$8:75 Additional 5. Certificate of Status Desired 33406-7563 ULA Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name NASCIMIENTO, JOSE RENATO PORTHINO DO Street Address (P.O. Box Number is Not Acceptable) 4457 PUROY LANE STE A #5 WEST PALM BEACH FL 33406 City Zip Code 8. The above named Intity sequality this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. SIGNATURE DATE typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Added to Fees Trust Fund Contribution. (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS TITI F Change Addition ☐ Delete TITLE NASCIMENTO, JOSE R NAME NAME STREET ADDRESS 4457 PURDY LN STE A STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP WEST PALM BEACH FL ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP □ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP 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 custee en powered 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 all address with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTO

4/20/00 (561) 968.8

FILED

Apr 26, 2000 8:00 am Secretary of State

04-26-2000 90175 026 ***150.00

Daytime Phone #