

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 14, 2002 8:00 am
Secretary of State

05-14-2002 90316 030 ***150.00

DOCUMENT # V53147

1. Entity Name
GUDINIO ENTERPRISES, INC.

Principal Place of Business
6001 N. ARMENIA AVENUE
TAMPA FL 33604

Mailing Address
6001 N. ARMENIA AVENUE
TAMPA FL 33604

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number
39-3136087

Applied For

Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

GUDINIO, LUIS
6001 N. ARMENIA AVE.
TAMPA FL 33604

Name **Luis Gudinio**
 Street Address (P.O. Box Number is Not Acceptable)
1803 W. Clifton St.
 City **Tampa** FL Zip Code **33603**

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, 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 ☐ Delete
 NAME **PD GUDINIO, LUIS**
 STREET ADDRESS **6001 N. ARMENIA AVE.**
 CITY-ST-ZIP **TAMPA FL**

TITLE ☒ Change ☐ Addition
 NAME **PD Luis Gudinio**
 STREET ADDRESS **1803 W. Clifton St.**
 CITY-ST-ZIP **Tampa, FL 33603**

TITLE ☐ Delete
 NAME **SD GUDINIO, ELBA**
 STREET ADDRESS **6001 N. ARMENIA AVE.**
 CITY-ST-ZIP **TAMPA FL**

TITLE ☒ Change ☐ Addition
 NAME **SD Elba Gudinio**
 STREET ADDRESS **1803 W. Clifton St.**
 CITY-ST-ZIP **Tampa, FL 33603**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
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 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 or without like empowered.

SIGNATURE: **SIGNATURE REQUIRED**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/25/02 (813) 348-9026
 Date Daytime Phone #

CR2E034 (9/01)