

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 571018

1. Entity Name
GIORDANO MIRRORS OF FLORENCE, INC.

FILED
Mar 14, 2001 8:00 am
Secretary of State

03-14-2001 90499 008 ***150.00

Principal Place of Business
12737 BISCAYNE BLVD.
NO MIAMI BCH FL 33181

Mailing Address
12737 BISCAYNE BLVD.
N. MIAMI FL 33181
US

2. Principal Place of Business

Suite, Apt. #, etc.

Same

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

Same

City & State

Zip

Country

4. FEI Number 59-1822416

Applied For

Not Applicable

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

GIORDANO, DANIEL
12737 BISCAYNE BLVD
NORTH MIAMI BEACH FL 33181

Name

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

City

FL

Zip Code

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, 2001 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
NAME
STREET ADDRESS
CITY-ST-ZIP

PT
GIORDANO, DANIEL
3745 NE 171ST UNIT 49
NORTH MIAMI BEACH FL 33160

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

VS
GIORDANO, GRACIELA
3745 NE 171 ST UNIT 49
NORTH MIAMI BEACH FL 33160

☐ Delete

TITLE
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STREET ADDRESS
CITY-ST-ZIP

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☐ Change ☐ Addition

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: Daniel Giordano DANIEL GIORDANO

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-11-01 305-895-3444

Date

Daytime Phone #

CR2E034 (10/00)