

**55046488**

**2003 FOR PROFIT CORPORATION  
 UNIFORM BUSINESS REPORT (UBR)**

<b>DOCUMENT # P0200006843</b> 1. Entity Name <b>BIANCO FAMILY OF SOUTH FLORIDA, INC.</b>		
Principal Place of Business 936 INTRACOASTAL DRIVE NO. 11-C FORT LAUDERDALE, FL 33304		Mailing Address 936 INTRACOASTAL DRIVE NO. 11-C FORT LAUDERDALE, FL 33304
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.
City & State Zip		City & State Zip
4. FEI Number <b>03-0379398</b>		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent <b>GLASSER, GENE K</b> 2021 TYLER STREET HOLLYWOOD, FL 33020		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City
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. I am, I am not, or with, and accept the obligations of registered agent.		
SIGNATURE _____ <small>Signature should be printed name of registered agent and title if applicable. (NONE Registered Agent's name should be checked while signing)</small>		DATE _____
9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees
<b>10. OFFICERS AND DIRECTORS</b>		<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>
TITLE NAME STREET ADDRESS CITY- ST- ZIP	D <input type="checkbox"/> Delete <b>BIANCO, LOUIS A</b> 936 INTRACOASTAL DRIVE NO. 11-C FORT LAUDERDALE, FL 33304	TITLE NAME STREET ADDRESS CITY- ST- ZIP
TITLE NAME STREET ADDRESS CITY- ST- ZIP	D <input type="checkbox"/> Delete <b>BIANCO, ROBERT LOUIS</b> 7861 SW 39TH STREET DAVIE, FL 33314	TITLE NAME STREET ADDRESS CITY- ST- ZIP
TITLE NAME STREET ADDRESS CITY- ST- ZIP	D <input type="checkbox"/> Delete <b>BIANCO, LOUIS DOMINICO</b> 17210 KINGWOOD ROAD SOUTHWEST RANCHES, FL 33331	TITLE NAME STREET ADDRESS CITY- ST- ZIP
TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP
TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP
TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(1), 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 sign the report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all due care emphasized.		
SIGNATURE:		Date: <b>4/23/03</b>

CRE0304 (1/02)