

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000030677

1. Entity Name

ANTONIO GELLONA CORPORATION

FILED
Apr 27, 2000 8:00 am
Secretary of State

04-27-2000 90050 050 ***150.00

Principal Place of Business

Mailing Address

608 N.E. 8TH AVE.
 #1
 FT. LAUDERDALE FL 33304
 US

608 N.E. 8TH AVE.
 #1
 FT. LAUDERDALE FL 33304-5009
 US

2. Principal Place of Business

2125 NE 25th St

3. Mailing Address

2125 NE 25th St

Suite, Apt. #, etc.

Suite, Apt. #, etc.

740101



DO NOT WRITE IN THIS SPACE

City & State
 WILTON MANORS, FL

City & State
 WILTON MANORS, FL

4. FEI Number 65-0573364

Applied For
 Not Applicable

Zip
 33305

Country
 U.S.A

Zip
 33305

Country
 U.S.A

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

SHEINFELD, ALAN L
 C/O DUNCANSON & SHEINFELD, P.A.
 2131 HOLLYWOOD BLVD, #507
 HOLLYWOOD FL 33020

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 _____ (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, 2000 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	PD GELLONA, ANTONIO 608 N.E. 8TH AVE., #1 FT. LAUDERDALE FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD HERRERA, FELIPE 608 N.E. 8TH AVE., #1 FT. LAUDERDALE FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2125 N.E. 25th Street Wilton Manors, FL 33305	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2125 N.E. 25th Street Wilton Manors, FL 33305	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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 reports 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 I am empowered.

SIGNATURE: ANTONIO GELLONA President 4/14/00 (954) 537-6072
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)