

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000013530

1. Entity Name

GEORGIO PROPERTIES, INC.

Principal Place of Business

3040 S.W. 10TH STREET  
POMPANO BEACH FL 33069

Mailing Address

~~3040 S.W. 10TH STREET~~ 26-15 123RD ST.  
~~POMPANO BEACH FL 33069~~ FLUSHING, NY  
11354

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 65-0815077

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

HAGEN, MAX M  
3990 SHERIDAN ST.  
#104  
HOLLYWOOD FL 33021

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	PD	<input type="checkbox"/> Delete
NAME	GEORGIO, JOHN	
STREET ADDRESS	3040 S.W. 10TH STREET	
CITY-ST-ZIP	POMPANO BEACH FL 33069	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	GEORGIO, STEVEN	
STREET ADDRESS	3040 S.W. 10TH STREET	
CITY-ST-ZIP	POMPANO BEACH FL 33069	
TITLE	STD	<input type="checkbox"/> Delete
NAME	GEORGIO, KATHLEEN	
STREET ADDRESS	3040 S.W. 10TH STREET	
CITY-ST-ZIP	POMPANO BEACH FL 33069	
TITLE		<input type="checkbox"/> Delete
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TITLE		<input type="checkbox"/> Delete
NAME		
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CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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 all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JOHN GEORGIO

4-6-01

Date

FL 954-979-5220  
NY 718-359-3393

Daytime Phone #

0134566

CR2E034 (10/00)

FILED  
Apr 10, 2001 8:00 am  
Secretary of State

04-10-2001 90020 029 \*\*\*150.00



DO NOT WRITE IN THIS SPACE