

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

FILED
Feb 25, 2003 8:00 am
Secretary of State

02-25-2003 90116 002 ***150.00

DOCUMENT # P99000084362

1. Entity Name

GIORGI CORPORATION

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

7360 CORAL WAY

3. Mailing Address

7360 CORAL WAY

Suite, Apt. #, etc.

SUITE 21

Suite, Apt. #, etc.

SUITE 21

City & State

MIAMI, FLORIDA

City & State

MIAMI, FLORIDA

Zip

33155

Country

Zip

33155

Country

4. FEI Number

65-0950212

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

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**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name

NESTOR CORONADO

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

7360 CORAL WAY STE 21

City

MIAMI

FL

Zip Code
33155

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)

2/20/03
DATE

9. This corporation is eligible to satisfy its Intangible

Tax filing requirement and elects to do so
(See criteria on back) ☐

January 1 - May 1: Fee is \$150.00

After May 1: Fee is \$550.00

Amended UBR is \$61.25

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

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

P
COLTELLACCI, SERGIO
7360 CORAL WAY STE 21
MIAMI, FLORIDA 33155

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

VP
COLTELLACCI, GLADYS C.
7360 CORAL WAY STE 21
MIAMI, FLORIDA 33155

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

S
COLTELLACCI ARIANA C.
7360 CORAL WAY STE 21
MIAMI, FLORIDA 33155

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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IN THIS SPACE**

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 on an attachment with an address, with all other like empowers.

SIGNATURE: **X**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/20/03 (305) 267-1092
Date Daytime Phone #

CR2E034B (12/01)