

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 09, 2000 8:00 am**  
**Secretary of State**

05-09-2000 90078 003 \*\*\*150.00

**DOCUMENT # 448765**

1. Entity Name

**E.P. GIULIANO CONSTRUCTION, INC.**

Principal Place of Business

Mailing Address

**4422 GERMANTOWN RD  
 DELRAY BCH FL 33445**

**4422 GERMANTOWN RD  
 DELRAY BCH FL 33445-6751**

2. Principal Place of Business

3. Mailing Address

**100 E. Linton Blvd**

**100 E. LINTON BLVD.**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**SUITE 408-B**

**SUITE 408B**

City & State

City & State

**DELRAY BEACH, FLORIDA**

**DELRAY BEACH, FLORIDA**

4. FEI Number

**59-1521496**

Applied For

Not Applicable

Zip

Country

**33483-3343**

**BALM p.**

Zip

Country

**33483-3343**

**PALM BEACH**

5. Certificate of Status Desired

**\$8.75** Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**GIULIANO (E.P.)**

**-4422 GERMANTOWN RD 100 E. Linton Blvd; Ste 408B  
 DELRAY BCH FL 33445- 33483**

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, 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

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	<b>PD</b> <input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>GIULIANO, ERMINIO</b>	NAME	
STREET ADDRESS	<b>44422 GERMANTOWN RD.</b>	STREET ADDRESS	<b>100 E. Linton Blvd. Ste 408B</b>
CITY-ST-ZIP	<b>DELRAY BCH, FL 00000</b>	CITY-ST-ZIP	<b>DELRAY BEACH, FL 33483-3343</b>
TITLE	<b>S</b> <input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>GIULIANO, CATHERINE</b>	NAME	
STREET ADDRESS	<b>4422 GERMANTOWN RD.</b>	STREET ADDRESS	<b>100 E. LINTON BLVD. STE 408B</b>
CITY-ST-ZIP	<b>DELRAY BCH, FL 00000</b>	CITY-ST-ZIP	<b>DELRAY BEACH, FL 33483-3343</b>
TITLE	<b>D</b> <input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>GIULIANO, PETER</b>	NAME	
STREET ADDRESS	<b>4422 GERMANTOWN RD.</b>	STREET ADDRESS	<b>100 E. LINTON BLVD., STE 408B</b>
CITY-ST-ZIP	<b>DELRAY BCH, FL 00000</b>	CITY-ST-ZIP	<b>DELRAY BEACH, FL 33483-3343</b>
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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 *Catherine E. Giuliano* **CATHERINE GIULIANO**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date *5/6/2000* Daytime Phone # *408-498-4987*

CR2E034 (9/99)