## 2002 UNIFORM BUSINESS REPORT (UBR)

## FILED May 07, 2002 8:00 am § Secretary of State **DOCUMENT #** F44903 1. Entity Name GIARDINA ENTERPRISES, INC. 05-07-2002 90261 006 \*\*\*150 00 Principal Place of Business Mailing Address 2461 S STATE RD #7 P O BOX 17796 FT LAUDERDALE FL 33317 FT LAUDERDALE FL 33318 us 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-2133781 Not Applicable Zip Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent SALUATURE GIARDINA GIARDINA, SALVATORE J Street Address (P.O. Box Number is Not Acceptable) 1030 SW 93 TERR. ട ധ PLANTATION FL 33324 LAUDERDALE 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. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 \$5.00 May Be Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete NAME GIAROINA, SALUATORE GIARDINA, SALVATORE J STREET ADDRESS 1030 SW 93RD TERR STREET ADDRESS 2300 SW41 AV CITY-ST-ZIP PLANTATION FL CITY-ST-ZIP ろるタリフ ET LAUDIRDALE EL TITLE Delete GIARDINA, DEBRA NAME GIARDINA, DEBRA NAME STREET ADDRESS 1030 S.W. 93 TERR. STREET ADDRESS 2300 SW 41 AV CITY-ST-ZIP PLANTATION FL CITY-ST-ZIP FT LAUDERDALE Delete ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITI F ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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: