

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 24, 2002 8:00 am
Secretary of State

02-24-2002 90004 016 ***150.00

DOCUMENT # F99000001939

1. Entity Name

SORRISO PROPERTIES, INC.

Principal Place of Business

**1775 NORTH STATE STREET
 GIRARD OH 44420**

Mailing Address

**1775 NORTH STATE STREET
 GIRARD OH 44420**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

34-1886391

Applied For

Not Applicable

Zip

Country

Zip

Country

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

**SHAW, TIMOTHY S
 720 SOUTH ORANGE AVENUE
 SARASOTA FL 34236**

Name

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

City

State

Zip Code

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, 2002 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 **PRESIDENT** ☐ Delete
 NAME **DEJUTE, FRANK**
 STREET ADDRESS **1775 NORTH STATE STREET**
 CITY-ST-ZIP **GIRARD OH 44420**

TITLE **DIRECTOR** ☐ Change ☒ Addition
 NAME **BURKE, JEREMY**
 STREET ADDRESS **1435 WINDWARD WAY**
 CITY-ST-ZIP **NILES, OH 44446**

TITLE **VICE PRESIDENT** ☐ Delete
 NAME **TAURO, RICHARD D**
 STREET ADDRESS **1775 NORTH STATE STREET**
 CITY-ST-ZIP **GIRARD OH 44420**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **TREASURY** ☐ Delete
 NAME **TAURO, RONALD J**
 STREET ADDRESS **1775 NORTH STATE STREET**
 CITY-ST-ZIP **GIRARD OH 44420**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **SECRETARY** ☐ Delete
 NAME **DEJUTE, FRANCES**
 STREET ADDRESS **25 SOUTH CLEVELAND STREET**
 CITY-ST-ZIP **NILES OH 44446**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **DIRECTOR** ☐ Delete
 NAME **RAYBYAN, THOMAS**
 STREET ADDRESS **25 S. CLEVELAND**
 CITY-ST-ZIP **NILES OH 44446**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **D** ☒ Delete
 NAME **CIMINERO, VITO**
 STREET ADDRESS **1882 CARDINAL CT**
 CITY-ST-ZIP **NILES OH 44446**

TITLE ☐ Change ☐ 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)(l), 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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2/9/02

330

545 9763

CR2004 (9/01)