

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 04, 2000 8:00 am**  
**Secretary of State**

02-04-2000 90006 050 \*\*\*150.00

912751



DO NOT WRITE IN THIS SPACE

**DOCUMENT # H34084**

1. Entity Name

**GUALTIERI ASSOCIATES, INC.**

Principal Place of Business

Mailing Address

C/O MARY LOU GUALTIERI  
 250 SW 7TH ST  
 BOCA RATON FL 33432

C/O MARY LOU GUALTIERI  
 250 SW 7TH ST  
 BOCA RATON FL 33432-5986

2. Principal Place of Business

350 Club Cir

Suite, Apt. #, etc.

#101

City & State

Boca Raton, FL

Zip

33487

Country

PR

3. Mailing Address

350 Club Circle

Suite, Apt. #, etc.

#101

City & State

Boca Raton, FL

Zip

33487

Country

PR

4. FEI Number

59-2478521

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

GUALTIERI, MARY LOU  
 250 SW 7TH ST  
 BOCA RATON FL 33432

7. Name and Address of New Registered Agent

Name

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

350 Club Circle #101

City

Boca Raton

FL

Zip Code

33487

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

TITLE D  
 NAME GUALTIERI, MARY LOU  
 STREET ADDRESS 250 SW 7TH ST  
 CITY-ST-ZIP BOCA RATON FL ☐ Delete

TITLE ☒ Change ☐ Addition  
 NAME  
 STREET ADDRESS 350 Club Circle #101  
 CITY-ST-ZIP Boca Raton FL 33487

TITLE S  
 NAME GUALTIERI, FRANK T  
 STREET ADDRESS % 250 SW 7TH ST.  
 CITY-ST-ZIP BOCA RATON FL ☐ Delete

TITLE ☒ Change ☐ Addition  
 NAME  
 STREET ADDRESS 835 N.W. 5th Ave  
 CITY-ST-ZIP BOCA RATON FL 33432

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP ☐ Delete

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

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP ☐ Delete

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

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP ☐ Delete

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

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP ☐ Delete

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

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:

*Mary Lou Gualtieri*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/29/00 561-9129121

CR2E034 (9/99)