

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # H56707

1. Entity Name

CORBINO GALLERIES, INC

FILED
Apr 10, 2000 8:00 am
Secretary of State

04-10-2000 90173 017 ***150.00

Principal Place of Business

Mailing Address

5350 GULF OF MEXICO DR.
LONGBOAT KEY FL 34228-2045
US

5350 GULF OF MEXICO DR.
LONGBOAT KEY FL 34228-2069
US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2561826

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CORBINO, MARCIA
1111 N GULFSTREAM AVE.
SARASOTA FL 34236-5532

Name

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

6610 GULF OF MEXICO DR.

City

Longboat Key

FL

Zip Code

34228

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

Michael J. Corbino

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 PD
NAME CORBINO, MICHAEL J.
STREET ADDRESS 5350 GULF OF MEXICO DR.
CITY-ST-ZIP LONGBOAT KEY FL 34228-2045 ☐ Delete

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

TITLE VTS
NAME CORBINO, MARCIA
STREET ADDRESS 5350 GULF OF MEXICO DR.
CITY-ST-ZIP LONGBOAT KEY FL 34228-2045 ☒ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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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:

Michael J. Corbino
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-17-00
Date

941-387-0822
Daytime Phone #

CR2E034 (9/99)