

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L09476

1. Entity Name

THE PALLINI CORPORATION

Principal Place of Business

% JOHN C. SCURTIS  
701 N.E. 2ND AVENUE  
MIAMI FL 33132

Mailing Address

% JOHN C. SCURTIS  
701 N.E. 2ND AVENUE  
MIAMI FL 33132

2. Principal Place of Business

3605 BATTERSEA ROAD  
SUITE, APT. #, ETC.  
MIAMI FLORIDA

3. Mailing Address

POB 331070  
SUITE, APT. #, ETC.  
MIAMI FLORIDA

City & State

33133 USA

City & State

33133-1070 USA

Zip

Country

Zip

Country

4. FEI Number

65-0194498

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

SCURTIS, JOHN C.  
701 N.E. 2ND AVENUE  
MIAMI FL

7. Name and Address of New Registered Agent

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, 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, 2001 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

TITLE P  
NAME GREGORIADIS, TELEMACH  
STREET ADDRESS 701 N.E. 2ND AVENUE  
CITY-ST-ZIP MIAMI FL

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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NAME  
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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

John C. Scurtis  
Signature and typed or printed name of signing officer or director

Date

Daytime Phone #

FILED  
Apr 05, 2001 8:00 am  
Secretary of State

04-05-2001 90028 026 \*\*\*150.00

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DO NOT WRITE IN THIS SPACE

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