2003	FOR	PROFIT (CORPORAT	FION
JNIFO	RM B	USINESS	REPORT	(UBR)

DOCU 1. Entity Nam GIORGIO	ie –	# L20 4 ALM BEACH, IN			/				O3 JUL 22 AM 8:28		
Principal Place of Business 1 SOUTH COUNTY RD. PALM BEACH FL 33480 Mailing Address 1 SOUTH COUNTY RD. PALM BEACH FL 33480											
2. Principal Place of Business 230 WORTH AVE Suite, Apt. #, etc. 3. Mailing Address 256 WORTH AVE Suite, Apt. #, etc.						CHECK HERE IF MAKING CHANGES					
City & Stat	BEA	ICH FL		1 & State LM	cH	FL	_	4 . F	65-13153719 	olied For Applicable	
Zip 33 42	70	Country PALM SEA and Address of Cur		3 450 ed Agent	Coun	try n BEA	es.		Certificate of Status Desired \$8.75 Addiffer Required Name and Address of New Registered Agent		
SHAROUBIM, GEORGE F. 1285 GATOR TRAIL WEST PALM BEACH FL 33409 Street Address (P.O. Box Number is Not Acceptable) Street Address (P											
			ent for the purp	pose of changing its	registere		aLM egistered		JEACH FL 334		
the obligations of registered agent. SIGNATURE: Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE											
FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State						-		May Be to Fees			
10.	l nn	OFFICERS	AND DIRECTO		11.			ΑD	DITIONS/CHANGES TO OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	1285 GAT	BIM, GEORGE F. OR TRAIL LM BEACH FL 334	09	☐ Delete		í	2	56	CHORTH AUE MISEACH FL 33480	Addition 6	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete					1		Change Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Delete TITLE NAME STREET ADOR CITY-ST-ZIP					E ET ADDRESS		-	☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete						Change Addition 300021729453 07722/03-01089-002 **400.00				
TITLE NAME STREET ADDRESS CITY-ST-ZIP				□ Delete	-	l l			☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				Delete					☐ Change	Addition	
12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.											
SIGNATURE: SIGNATURE: SIGNATURE OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Dayling Phone #											