

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 30, 2002 8:00 am
Secretary of State

04-30-2002 90134 005 ****50.00

DOCUMENT # L98000002343

1. Entity Name

GIUNTA I, L.L.C.

Principal Place of Business

2701 W. BUSCH BLVD., STE. 118
TAMPA FL 33618

Mailing Address

2701 W. BUSCH BLVD., STE. 118
TAMPA FL 33618

2. Principal Place of Business

101 E. Kennedy Blvd.

3. Mailing Address

101 E. Kennedy Blvd.

Suite, Apt. #, etc.

Suite 4000

Suite, Apt. #, etc.

Suite 4000

City & State

Tampa, FL

City & State

Tampa, FL

Zip

33602

Country

USA

Zip

33602

Country

USA



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-3541969

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

GIUNTA, EDWARD F II
2701 W. BUSCH BLVD., STE. 118
TAMPA FL 33618

7. Name and Address of New Registered Agent

Name

Grace Giunta

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

101 E. Kennedy Blvd.

Suite 4000

City

Tampa

FL

Zip Code

33602

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

Grace D. Giunta

4-9-02

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State
Due By May 1, 2002

9. MANAGING MEMBERS/MANAGERS

TITLE	MGR	<input type="checkbox"/> Delete
NAME	GIUNTA DEVELOPMENT, INC.	
STREET ADDRESS	2701 W. BUSCH BLVD., STE. 118	
CITY-ST-ZIP	TAMPA FL 33618	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

10. ADDITIONS/CHANGES

TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	101 E. Kennedy Blvd. Suite 4000
CITY-ST-ZIP	Tampa, FL 33602
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: *Grace D. Giunta*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

4-9-02

Date

Daytime Phone #

CR2E083 (9/01)