

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # M23963

1. Entity Name
D.E. GIDI & ASSOC., CORP.

Principal Place of Business
~~3372 CORAL WAY~~
~~MIAMI FL 33146~~
US 13289 SW 124 St.
Miami, FL 33186-6457

Mailing Address
~~3372 CORAL WAY~~
~~MIAMI FL 33146~~
US P.O. Box 143163
Coral Gables
FL 33114

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 59-2612148

Applied For

Not Applicable

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

GIDI, DOMINGO E.
~~3372 CORAL WAY~~ 13289 SW 124 St.
~~MIAMI FL 33146~~ Miami, FL 33186-6437

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 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, 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PST
GIDI, DOMINGO E.
~~3372 CORAL WAY~~ 13289 SW 124 St.
~~MIAMI FL~~ Miami, FL 33186-6437 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
GIDI, DOMINGO E.
~~3372 CORAL WAY~~ 13289 SW 124 St.
~~MIAMI FL~~ Miami, FL 33186-6437 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VD
GIDI, LILA
~~3372 CORAL WAY~~ 13289 SW 124 St.
~~MIAMI FL~~ Miami, FL 33186-6437 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
TD
DONNELL, OCTAVIO J.
~~3372 CORAL WAY~~ 13289 SW 124 St.
~~MIAMI FL~~ Miami, FL 33186-6437 ☐ 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

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☐ Delete

TITLE
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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: *Domingo E. Gidi* Domingo E. Gidi

April 28, 2001 [305]444-2910

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone No.

FILED
May 15, 2001 8:00 am
Secretary of State

05-15-2001 90209 042 ***150.00

00051509



DO NOT WRITE IN THIS SPACE

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CR2E034 (10/00)