

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 03, 2002 8:00 am
Secretary of State
 05-03-2002 90052 013 ***150.00

DOCUMENT # M37734

1. Entity Name
GIORGIO DEVELOPMENT, INC.

Principal Place of Business

C/O MIGUEL G. FARRA

~~2699 S. BAYSHORE DR. SUITE 600~~
~~MIAMI FL 33133~~

Mailing Address

C/O MIGUEL G. FARRA

~~2699 S. BAYSHORE DR. SUITE 600~~
~~MIAMI FL 33133~~

2. Principal Place of Business

1001 Brickell Bay Drive

Suite, Apt. #, etc.

9th Floor

City & State

Miami, Florida

Zip

33131

Country

USA

3. Mailing Address

1001 Brickell Bay Drive

Suite, Apt. #, etc.

9th Floor

City & State

Miami, Florida

Zip

33131

Country

USA

4. FEI Number

59-2718441

Applied For

☐ Not Applicable

5. Certificate of Status Desired ☐

\$8.75

Additional Fee Required

6. Name and Address of Current Registered Agent

FARRA, MIGUEL G.

~~2699 S. BAYSHORE DR.~~

~~SUITE 600~~

~~MIAMI FL 33133~~

7. Name and Address of New Registered Agent

Name

Farra, Miguel G.

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

1001 Brickell Bay Drive

9th Floor

City

Miami

FL

Zip Code

33131

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

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

MIGUEL G. FARRA

(NOTE: Registered Agent signature required when reinstating)

DATE

4/18/02

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, 2002 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** ☐ Delete

NAME **RUBEN, E GARCIA**

STREET ADDRESS **2100 PONCE DE LEON BLVD, STE 601**

CITY-ST-ZIP **CORAL GABLES FL**

TITLE ☐ Delete

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ Delete

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ Delete

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ Delete

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ Delete

NAME

STREET ADDRESS

CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME

STREET ADDRESS

CITY-ST-ZIP

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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME

STREET ADDRESS

CITY-ST-ZIP

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 reports 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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

RUBEN E. GARCIA

Date

Daytime Phone #

CR2E034 (9/01)