

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # M99000000547

1. Entity Name

GIOIA PUBLISHING, L.L.C.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 AUG 18 AM 10:02

[Handwritten signature]

Principal Place of Business

888 EAST LAS OLAS BOULEVARD
FT LAUDERDALE FL 33301

Mailing Address

888 EAST LAS OLAS BOULEVARD
FT LAUDERDALE FL 33301

ADDRESS CHANGE



2. Principal Place of Business

440 VICKSBURG TERRACE

3. Mailing Address

GIOIA PUBLISHING

Suite, Apt. #, etc.

Suite, Apt. #, etc.

440 VICKSBURG TERRACE

City & State

PLANTATION, FL.

City & State

PLANTATION, FL.

Zip

33325

Country

USA

Zip

33325

Country

USA

4. FEI Number

Applied For

Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

BRUNO, GIOIA
888 EAST LAS OLAS BOULEVARD
FT LAUDERDALE FL 33301

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 and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

[Handwritten signature: Gioia Bruno]

8-12-00

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE NAME MGRM
STREET ADDRESS BRUNO, GIOIA
CITY-ST-ZIP 888 EAST LAS OLAS BOULEVARD
FT LAUDERDALE FL 33301

TITLE NAME MGRM
STREET ADDRESS BRUNO, GIOIA
CITY-ST-ZIP 440 VICKSBURG TERRACE
PLANTATION, FL. 33325

TITLE NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME
STREET ADDRESS
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TITLE 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

[Handwritten signature: Gioia Bruno]

Date

8-12-00

Daytime Phone #

954-382-4888

CP2E083 (5/00)