

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 16, 2001 8:00 am
Secretary of State

04-16-2001 90070 041 ***150.00

DOCUMENT # P00000019855
 1. Entity Name
DONGILI INVESTMENT GROUP, INC.

Principal Place of Business Mailing Address
1721 INDEPENDENCE BLVD., STE. A-1 **1721 INDEPENDENCE BLVD., STE. A-1**
SARASOTA FL 34243 **SARASOTA FL 34243**

2. Principal Place of Business 3. Mailing Address
1920 Northgate Blvd **P.O. Box 49407**
 Suite, Apt. #, etc. Suite, Apt. #, etc.
A-10
 City & State City & State
Sarasota, FL **Sarasota FL**
 Zip Country Zip Country
34234 **USA** **34230** **USA**



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent
SANTOSTASI, PAUL
1721 INDEPENDENCE BLVD., STE. A-1
SARASOTA FL 34243

4. FEI Number Applied For
65-0995293 Not Applicable
 5. Certificate of Status Desired \$8.75 Additional Fee Required

7. Name and Address of New Registered Agent
 Name: _____
 Street Address (P.O. Box Number is Not Acceptable)
1920 Northgate Blvd
A-10
 City State Zip Code
Sarasota **FL** **34234**

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: *Paul Santostasi* **Paul Santostasi** DATE: **4/11/01**
Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SANTOSTASI, PAUL	NAME	
STREET ADDRESS	3651 TORREY PINES BLVD.	STREET ADDRESS	
CITY-ST-ZIP	SARASOTA FL 34238	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SANTOSTASI, ROSE	NAME	
STREET ADDRESS	3651 TORREY PINES BLVD.	STREET ADDRESS	
CITY-ST-ZIP	SARASOTA FL 34238	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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 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: *Paul Santostasi* DATE: **4/11/01** DAYTIME PHONE #: **(941)359-8477**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (10/00)