

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 09, 2002 8:00 am
Secretary of State

04-09-2002 90043 019 ***150.00

DOCUMENT # P00000093275

1. Entity Name

GIOCO CORPORATION

Principal Place of Business

5333 COLLINS AVENUE
 SUITE 1205
 MIAMI BEACH FL 33140

Mailing Address

5333 COLLINS AVENUE
 SUITE 1205
 MIAMI BEACH FL 33140



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

19390 Collins Av.
 Suite, Apt. #, etc.
 1115

3. Mailing Address

19390 Collins Av.
 Suite, Apt. #, etc.
 1115

City & State

Sunny Isles FL
 Zip 33160 Country USA

City & State

Sunny Isles FL
 Zip 33160 Country USA

4. FEI Number

65-1045501

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

BODIN, GLORIA ROA
 2655 LEJEUNE ROAD
 SUITE 1001
 CORAL GABLES FL 33134

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

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 PD
 NAME CALVO, GIOCONDA
 STREET ADDRESS 5333 COLLINS AVENUE SUITE 1205
 CITY-ST-ZIP MIAMI BEACH FL 33140 ☐ Delete

TITLE VP
 NAME VALDERRAMA, LILIANA
 STREET ADDRESS 5333 COLLINS AVENUE SUITE 1205
 CITY-ST-ZIP MIAMI BEACH FL 33140 ☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP ☐ Delete

TITLE
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 CITY-ST-ZIP ☐ Delete

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 CITY-ST-ZIP ☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

TITLE
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TITLE
 NAME
 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:

Gioconda Calvo
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03/28/02 (786) 325 9560
 Date Daytime Phone #

0225677 AV

CR2E034 (9/01)