

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 09, 2002 8:00 am**  
**Secretary of State**

05-09-2002 90046 041 \*\*\*150.00

**DOCUMENT # P00000094843**

1. Entity Name

**GIOFRANCA CORP.**

Principal Place of Business

**520 BRICKELL KEY DRIVE  
 SUITE 0-305  
 MIAMI FL 33131**

Mailing Address

**520 BRICKELL KEY DRIVE  
 SUITE 0-305  
 MIAMI FL 33131**

2. Principal Place of Business

**5445 COLLINS AVE**

3. Mailing Address

**5445 COLLINS AVE.**

Suite, Apt. #, etc.

**# 1111**

Suite, Apt. #, etc.

**# 1111**

City & State

**MIAMI BEACH FL**

City & State

**MIAMI BEACH FL**

4. FEI Number

**65-1045600**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**MEEZZI, HORACIO**

**5445 COLLINS AVE  
 SUITE 1111  
 MIAMI FL 33140**

7. Name and Address of New Registered Agent

Name **MECOZZI, HORACIO**

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

**5445 COLLINS AVE**

**SUITE 1111**

City

**MIAMI BEACH**

FL

Zip Code

**33140**

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 of the person whose name is printed on the back of the certificate of status required when reinstating.

**PRESIDENT**

**4/17/02**

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** ☐ Delete  
 NAME **MECOZZI, HORACIO**  
 STREET ADDRESS **5445 COLLINS AVE SUITE 1111**  
 CITY-ST-ZIP **MIAMI FL 33140**

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

☐ Change ☐ Addition

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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

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

TITLE ☐ Change ☐ Addition  
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TITLE ☐ Change ☐ Addition  
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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 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 a address, with all other like empowered.

SIGNATURE:

**MECOZZI, HORACIO PRESIDENT**

**4/17/02**

DATE

**305 978 7840**

Daytime Phone #

CR2E034 (9/01)