

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000098077

1. Entity Name  
GIORDANO'S BEACH HOUSE, INC.

Principal Place of Business  
ROYAL PALM PLAZA STE #1  
352 ESPLANADE  
BOCA RATON FL 33432

Mailing Address  
ROYAL PALM PLAZA STE #1  
352 ESPLANADE  
BOCA RATON FL 33432

2. Principal Place of Business  
SEE ABOVE

3. Mailing Address  
SEE ABOVE

Suite, Apt. #, etc.

City & State

Zip Country Zip Country

4. FEI Number 65-1048150 Applied For Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

## 6. Name and Address of Current Registered Agent

KOENIGSBERG, JAY  
1101 BRICKELL AVE STE 800 SOUTH  
MIAMI FL 33131

## 7. Name and Address of New Registered Agent

Name: SUSAN GIORDANO  
Street Address (P.O. Box Numbers Not Acceptable) ROYAL PALM PLAZA ST #1  
352 ESPLANADE  
City BOCA RATON FL Zip Code 33432

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 Susan Giordano DATE 9/28/01  
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 \$550.00**  
**After September 12, 2001 Fee will be \$750.00**  
**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	D	<input type="checkbox"/> Delete
NAME	GONZALEZ, ALLEN	
STREET ADDRESS	1150 2ND AVE	
CITY-ST-ZIP	NEW YORK NY 10021	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

## 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 an address, with all other like empowered.

SIGNATURE: [Signature] DATE 9/28/01 DAYTIME PHONE #

FILED  
Sep 05, 2001 8:00 am  
Secretary of State  
09-05-2001 90028 019 \*\*\*150.00

D0062732



DO NOT WRITE IN THIS SPACE

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CR2E034 (5/01)