

**2002 UNIFORM BUSINESS REPORT (UBR)****DOCUMENT # P00000117383**

Entity Name

**GOSTINO ANTIQUES, INC.****FILED**  
**Feb 20, 2002 8:00 am**  
**Secretary of State**

02-20-2002 90075 035 \*\*\*150.00

0016163 AB

Principal Place of Business

**8557 GRIFFIN ROAD #C312  
JANIA BEACH FL 33004**

Mailing Address

**979 THIRD AVE  
STE 1502  
NEW YORK NY 10022**

00029676



DO NOT WRITE IN THIS SPACE

Principal Place of Business

3. Mailing Address

Suite: Apt. #, etc.

Suite: Apt. #, etc.

City &amp; State

City &amp; State

4. FEI Number

**65-1077605**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐**\$8.75 Additional  
Fee Required****6. Name and Address of Current Registered Agent****GERTZ, CHRISTOPHER J  
3696 N FEDERAL HIGHWAY  
SUITE 300  
FORT LAUDERDALE FL 33308****7. Name and Address of New Registered Agent**

Name

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

City

**FL**

Zip Code

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****1. OFFICERS AND DIRECTORS**

TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>TRUPIANO, SAL</b>	
STREET ADDRESS	<b>808 BROADWAY</b>	
CITY-ST-ZIP	<b>NEW YORK NY 10003</b>	
TITLE	<b>V</b>	<input type="checkbox"/> Delete
NAME	<b>CARLINO, MARIE</b>	
STREET ADDRESS	<b>979 THIRD AVE</b>	
CITY-ST-ZIP	<b>NEW YORK NY 10022</b>	
TITLE	<b>S</b>	<input type="checkbox"/> Delete
NAME	<b>TRUPIANO, LOUIS</b>	
STREET ADDRESS	<b>808 BROADWAY</b>	
CITY-ST-ZIP	<b>NEW YORK NY 10003</b>	
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
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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 REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/4/02

Date

212-4218820

Daytime Phone #

CR2E034 (9/01)