

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 19, 2001 8:00 am
Secretary of State

02-12-2001 90221 048 ***150.00

DOCUMENT # P01000001257

1. Entity Name
S & C GAZZARA INC

Principal Place of Business Mailing Address
 2585 12TH ST. 2585 12TH ST.
 VERO BEACH FL 32960-3910 VERO BEACH FL 32960-3910

2. Principal Place of Business 3. Mailing Address
112 Angle Rd **2585 12th St**
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State
Ft. Pierce FL **Vero Beach FL**
 Zip Country Zip Country
34947 **USA** **32960** **USA**

4. FEI Number Applied For
59-3687874 Not Applicable
 5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent

GAZZARA, CECILIA P 2585 12TH ST. VERO BEACH FL 32960-3910	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 Cecilia P. Gazzara DATE 2/6/01
Signature, typed or printed name of registered agent and state applicable (NOTE: Registered Agent signature required when retreating)

9. This corporation is eligible to satisfy its intangible Tax filing requirement and elects to do so. **FILE NOW!!! FEE IS \$150.00**
 After MAY 1, 2001 Fee will be \$650.00
 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	GAZZARA, CECILIA P	NAME	
STREET ADDRESS	2585 12TH ST.	STREET ADDRESS	
CITY-ST-ZIP	VERO BEACH FL 32960-3910	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GAZZARA, SEBASTIANO	NAME	
STREET ADDRESS	2585 12TH ST.	STREET ADDRESS	
CITY-ST-ZIP	VERO BEACH FL 32960-3910	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: Cecilia Gazzara DATE 2/6/01 (861) 444-5457
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNER OFFICER OR DIRECTOR Date Office Phone #

CR2E034 (10/00)