FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 15, 2002 8:00 am
Secretary of State
05-15-2002 90075 003 ***150.00

DOCUMENT # P01000010211

1. Entity Name
GIANNONE SIGNS, INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
1513 S.E. 3rd ST	1513 SE 3rd ST.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
Pompano Beach	Pompano, Beach
City & State	City & State
FLORIDA	FL
Zip: 33060 Country: USA	Zip: 33060 Country: USA

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-1075859 ☐ Applied For ☐ Not Applicable

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

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7. Name and Address of Current Registered Agent

Name: GIUNTA, PATRICK B

Street Address (P.O. Box Number is Not Acceptable): 2189 SE 9th ST.

City: Pompano Beach, FL Zip Code: 33062

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 _____ DATE
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) ☒

10. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	DP
NAME	NANCY GIANNONE-SARAFOGLU
STREET ADDRESS	1513 S.E. 3rd ST.
CITY-ST-ZIP	Pompano, FL 33060
TITLE	V
NAME	CONSTANTINE SARAFOGLU
STREET ADDRESS	1513 SE 3rd ST.
CITY-ST-ZIP	Pompano Beach FL 33060
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

CR2E034B (12/01)

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 on an attachment with an address, with all other like empowered.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date: 5-7-02 — Daytime Phone #: 954-943-1673