## **2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)**

## **DOCUMENT #**

P01000037735

1. Entity Name

G. SCURO CORP.



## Mar 17, 2003 8:00 am § Secretary of State **FILED**

03-17-2003 91063 038 \*\*\*158.75

Principal Place of Business 14310 S W 122ND COURT MIAMI FL 33186			14310	Mailing Address 14310 S W 122ND COURT MIAMI FL 33186								
2. Principal Place of Business			3. Mai	3. Mailing Address							/11 <b>0</b> / 0/11 ( <b>60</b> 1	
Suite, Apt.	#, etc.	<del></del>	Suit	Suite, Apt. #, etc.				CHECK HERE IF MAKING CHANGES				
City & State			City	City & State			<b>4.</b> F	65-1103636			plied For t Applicable	
Zip	Zip Country			Zip Country			5. (	Certificate of Status Desired		.75 Ado		
	6. Name	and Address of Curren	nt Registere	registered Agent			7. N	7. Name and Address of New Registered Agent				
	•					Name						
SCURO, GIUSEPPE 14310 S W 122ND COURT				Street Addres			ss (P.O. B	s (P.O. Box Number is Not Acceptable)				
		JUKI						•				
MIAMI FL	33186											
						City			FL	Zip Code	<b>)</b>	
	e named entity tions of registe		for the purp	ose of changing its	registere	ed office or regis	stered age	ent, or both, in the State of Florid	a. I am fam	iliar with,	and accept	
SIGNATURE .	Signature, typed	or printed name of registered age	nt and title if app	olicable. (NOTE	Registered	d Agent signature requ	ıired when re	einstating)	DATE	-		
	II E NOWII	FEE IS \$150.00										
-		3 Fee will be \$550.00	)					<ol> <li>Election Campaign Finan- Trust Fund Contribution.</li> </ol>	cing		May Be to Fees	
•		Florida Department						rust Fund Contribution.	ш	Added	to rees	
10.		OFFICERS AN	D DIRECTO	PRS	11.		AD	DITIONS/CHANGES TO OFFICE	RS AND DI	RECTORS	IN 11	
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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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** 



Date

Daytime Phone #