

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

**FILED**  
**May 21, 2002 8:00 am**  
**Secretary of State**

05-21-2002 91149 003 \*\*\*150.00

**DOCUMENT # P01000056779**

1. Entity Name  
GIOLA, INC.

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business  
1348 WASHINGTON AVENUE

3. Mailing Address  
1348 WASHINGTON AVENUE

Suite, Apt. #, etc.  
173

Suite, Apt. #, etc.  
173

DO NOT WRITE IN THIS SPACE

City & State  
MIAMI BEACH FL

City & State  
MIAMI BEACH FL

4. FEI Number  
65-1111754

Applied For
Not Applicable

Zip  
33139

Country  
USA

Zip  
33139

Country  
USA

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

**DO NOT WRITE  
IN THIS SPACE**

**7. Name and Address of Current Registered Agent**

Name  
MARZILLI, LAURA G.

Street Address (P.O. Box Number is Not Acceptable)  
1348 WASHINGTON AVENUE SUITE 173

City  
MIAMI BEACH

FL Zip Code  
33139

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)

**January 1 - May 1 Fee is \$150.00  
After May 1, Fee is \$550.00  
Amended UBR is \$61.25  
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 NAME STREET ADDRESS CITY - ST - ZIP	P, T MARZILLI, LAURA G. 1348 WASHINGTON AVE STE 173 MIAMI BEACH FL 33139
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP, S MARZILLI, GIOVANNI 1348 WASHINGTON AVE STE 173 MIAMI BEACH FL 33139
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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: \_\_\_\_\_ Date \_\_\_\_\_ Daytime Phone # \_\_\_\_\_  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034B (12/01)