

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 28, 2003 8:00 am
Secretary of State

03-28-2003 90110 028 ***150.00

DOCUMENT # P01000064935

1. Entity Name
GIORDANO ENTERPRISES INTERNATIONAL, INC.



Principal Place of Business
**12210 NW 8 ST
MIAMI FL**

Mailing Address
**7802 KINGSPONTE PKWY - #205
ORLANDO FL 32819**

2. Principal Place of Business

3. Mailing Address

7802 KINGSPONTE PKWY

Suite, Apt. #, etc.

SUITE # 207-B

City & State

ORLANDO, FL

Zip

32819

Country

USA

4. FEI Number **65-1137791**

Applied For

Not Applicable

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

☒ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**BARR, BRUCE E ESQ
5121 SW 90 AVE, STE 3
COOPER CITY FL 33328**

Name

SAO SERVICES, INC.

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

7802 KINGSPONTE PARKWAY

SUITE # 207-B

City

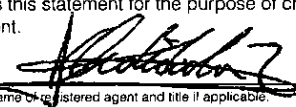
ORLANDO

FL

Zip Code

32819

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE 
Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

3/25/03
DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State**

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

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	<input type="checkbox"/> Delete
NAME	GIORDANO DECORATO, ANGELO	
STREET ADDRESS	12210 NW 8 ST	
CITY-ST-ZIP	MIAMI FL 33184	
TITLE	D	<input type="checkbox"/> Delete
NAME	GIORDANO, JOSE	
STREET ADDRESS	555 NE 15 ST, APT 35A	
CITY-ST-ZIP	MIAMI FL 33132	
TITLE		<input type="checkbox"/> Delete
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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		

12. 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:  **SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03/22/03

Date

Daytime Phone #

CR2E034 (10/02)