

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 10, 2002 8:00 am**  
**Secretary of State**

02-10-2002 90009 023 \*\*\*150.00

**DOCUMENT # P01000087087**

1. Entity Name  
**CIARCIA & GUDINO, INC.**

Principal Place of Business  
**11723 8T WAY NORTH, UNIT 1**  
**ST PETERSBURG FL 33716**

Mailing Address  
**11723 8T WAY NORTH, UNIT 1**  
**ST PETERSBURG FL 33716**

2. Principal Place of Business  
**892 ADDISON DR. N.E**  
 Suite, Apt. #, etc.

3. Mailing Address  
**P.O. Box 21584**  
 Suite, Apt. #, etc.

City & State  
**ST. PETERSBURG**

City & State  
**ST. PETERSBURG**

4. FEI Number  
**59-3742253**

☒ Applied For  
☐ Not Applicable

Zip  
**FL 33716**

Country  
**33716**

Zip  
**FL 33742-**

Country  
**33742-**

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

## 6. Name and Address of Current Registered Agent

**SPIEGEL & UTRERA, P.A.**  
**1840 SW 22ND ST.**  
**4TH FLOOR**  
**MIAMI FL 33145**

## 7. Name and Address of New Registered Agent

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

9. This corporation is eligible to satisfy its intangible Tax filing requirement and elects to do so. (See criteria on back) ☒

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2002 Fee will be \$550.00**  
**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

TITLE ☐ Delete  
 NAME **PTD CIARCIA, MARIO**  
 STREET ADDRESS **11723 8T WAY NORTH, UNIT 1**  
 CITY-ST-ZIP **ST PETERSBURG FL 33716**

TITLE ☐ Delete  
 NAME **VSD GUDINO, THAIS**  
 STREET ADDRESS **11723 8T WAY NORTH, UNIT 1**  
 CITY-ST-ZIP **ST PETERSBURG FL 33716**

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

## 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition  
 NAME **PTD CIARCIA, MARIO**  
 STREET ADDRESS **892 ADDISON DR. N.E**  
 CITY-ST-ZIP **ST. PETERSBURG, FL 33716**

TITLE ☒ Change ☐ Addition  
 NAME **VSD GUDINO, THAIS**  
 STREET ADDRESS **892 ADDISON DR. N.E**  
 CITY-ST-ZIP **ST. PETERSBURG, FL 33716**

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 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: **CIARCIA, MARIO**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**01/23/02 (727) 570 4108**  
 Date Daytime Phone #

CR2E034 (9/01)