

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 23, 2003 8:00 am
Secretary of State

04-23-2003 90097 007 ***150.00

DOCUMENT # P02000040556



1. Entity Name
GAROFALO INVESTMENTS, INC.

Principal Place of Business
**2326 S CONWAY RD
ORLANDO FL 32812**

Mailing Address
**2326 S CONWAY RD
ORLANDO FL 32812**

11008894



2. Principal Place of Business

1616 S Conway Gardens Rd

3. Mailing Address

1616 S Conway Gardens Rd

Suite, Apt. #, etc.

Suite, Apt. #, etc.

☒ CHECK HERE IF MAKING CHANGES

City & State

Orlando Florida

City & State

Orlando, Florida

4. FEI Number

43-1969172

Applied For

Not Applicable

Zip

32806

Country

Orange

Zip

32806

Country

Orange

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**GAROFALO, MARIA V
2326 S CONWAY RD
ORLANDO FL 32812**

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

SIGNATURE

[Signature]

04/18/03

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

(NOTE: Registered Agent signature required when reinstating)

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** ☐ Delete
NAME **GAROFALO, MARIA V**
STREET ADDRESS **2326 S CONWAY RD**
CITY-ST-ZIP **ORLANDO FL 32812**

TITLE **D** ☒ Change ☐ Addition
NAME **GAROFALO, MARIA V**
STREET ADDRESS **5434 Lake Margaret Drive #1214**
CITY-ST-ZIP **Orlando FL 32812**

TITLE **Secretary** ☐ Delete
NAME **Raphael Hudtwalcker**
STREET ADDRESS **5434 LAKE MARGARET DRIVE #1214**
CITY-ST-ZIP **Orlando Florida 32812**

TITLE **SECRETARY** ☐ Change ☒ Addition
NAME **RAPHAEL HUDTVALCKER**
STREET ADDRESS **5434 LAKE MARGARET DRIVE #1214**
CITY-ST-ZIP **ORLANDO FLORIDA 32812**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

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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

04/18/03 (407) 8986941

Date

Daytime Phone #

CR2E034 (10/02)