

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

FILED
Mar 31, 2003 8:00 am
Secretary of State

03-31-2003 90177 003 ***150.00

DOCUMENT # P02000051534
1. Entity Name
Gardinetto, Corp

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
17500 NW 67 CT
Suite, Apt. #, etc. Apt 196
City & State MIAMI FL
Zip 33015 Country

3. Mailing Address
17500 NW 67 CT
Suite, Apt. #, etc. Apt 196
City & State MIAMI FL
Zip 33015 Country

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5. FEI Number 03-0442880 Applied For ☐ Not Applicable ☐

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

7. Name and Address of Current Registered Agent
Name Norma B. Weiner
Street Address (P.O. Box Number is Not Acceptable)
17500 NW 67 CT
City MIAMI FL Zip Code 33015

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IN THIS SPACE**

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 [Signature] DATE 03-26-03
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
PRESIDENT	NORMA B. WEINER	17500 NW 67 ST APT 196	MIAMI FL 33015

CR2E034B (12/01)

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IN THIS SPACE**

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 [Signature] DATE 03-26-03
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR