

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P93000016852

1. Entity Name

GANDOLFO ENTERPRISES, INC.

FILED

Mar 15, 2000 8:00 am  
Secretary of State

03-15-2000 90082 001 \*\*\*150.00

Principal Place of Business

Mailing Address

1432 S.W. 109 WA  
DAVIE FL 33324  
US

1432 S.W. 109 WAY  
DAVIE FL 33324-7182  
US

2. Principal Place of Business

3. Mailing Address

141-16 S Cypress Cove Circle  
Suite, Apt. #, etc.

141-16 S. Cypress Cove Circle  
Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State  
DAVIE, FL

City & State  
DAVIE, FL

4. FEI Number 65-0393113

Applied For  
Not Applicable

Zip 33325 Country USA

Zip 33325 Country USA

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

GANDOLFO, PATRICIA A  
1432 S.W. 109TH WAY  
DAVIE FL 33324

Name PATRICIA GANDOLFO  
Street Address (P.O. Box Number is Not Acceptable) 14116 S Cypress Cove Circle  
City DAVIE FL Zip Code 33325

LEONARD GANDOLFO

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 Leonard Gandolfo Tru 2/4/00  
Signature, typed or printed name of registered agent and title if applicable. (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, 2000 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P GANDOLFO, PATRICIA A 1432 S.W. 109 WAY DAVIE FL 33324	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SECRETARY GANDOLFO, ADAM 14116 S Cypress Cove Circle DAVIE, FL 33325	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T GANDOLFO, LEONARD 1432 S.W. 109 WAY DAVIE FL 33324	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: Leonard Gandolfo 2/4/00 236-2405  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)