

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000046291

1. Entity Name

GIOR INVESTMENTS INCORPORATED

**FILED**  
**Apr 11, 2000 8:00 am**  
**Secretary of State**

04-11-2000 90019 015 \*\*\*150.00

Principal Place of Business Mailing Address  
11899 SW 72ND TERRACE 11899 SW 72ND TERRACE  
MIAMI FL 33183 MIAMI FL 33183-3703  
6950 S.W. 75 Ave 6950 S.W. 75 Ave  
MIAMI FL 33143 MIAMI FL 33143



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 3. Mailing Address  
6950 S.W. 75 Ave 6950 S.W. 75 Ave  
Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State  
Miami FL Miami FL

4. FEI Number 65-0504318 Applied For  
Not Applicable

Zip Country Zip Country  
33143 Dade 33143 Dade

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

6. Name and Address of Current Registered Agent  
GIORGINI, RENATO V  
11899 SW 72ND TERRACE 6950 S.W. 75 Ave  
MIAMI FL 33183 MIAMI FL 33143

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 DATE 4-5-00  
(NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and effects to do so. ☐ 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	PSD	<input type="checkbox"/> Delete	TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GIORGINI, RENATO V		NAME		
STREET ADDRESS	11899 SW 72ND TERRACE		STREET ADDRESS	6950 S.W. 75 Ave	
CITY-ST-ZIP	MIAMI FL 33183		CITY-ST-ZIP	MIAMI FL 33143	
TITLE	VTD	<input type="checkbox"/> Delete	TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GIORGINI, PILAR		NAME		
STREET ADDRESS	11899 SW 72ND TERRACE		STREET ADDRESS	6950 S.W. 75 Ave	
CITY-ST-ZIP	MIAMI FL 33183		CITY-ST-ZIP	MIAMI FL 33143	
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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 an other like empowered.

SIGNATURE: DATE 4-5-00  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2E034 (9/99)