

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 07, 2000 8:00 am
Secretary of State

02-07-2000 90037 013 ***150.00

DOCUMENT # P95000005123

1. Entity Name

GIACORELLI IMPORTS, INC.

Principal Place of Business

Mailing Address

20905 LA QUESTA CT.
 BOCA RATON FL 33428
 US

20423 STATE ROAD 7
 324
 BOCA RATON FL 33428
 US

2. Principal Place of Business

3. Mailing Address

20423 STATE ROAD 7

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite 324

City & State

City & State

4. FEI Number

65-0544672

Applied For

Not Applied

Zip

Country

Zip

Country

33498

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

SPIRELLI, THOMAS G
 20905 LAQUESTA COURT
 BOCA RATON FL 33428

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

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 way
 Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete
 NAME SPIRELLI, THOMAS G
 STREET ADDRESS 20905 LAQUESTA COURT
 CITY-ST-ZIP BOCA RATON FL 33428

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

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 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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Thomas G. Spirelli
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/24/00 521751-11
 Date Daytime Phone #