

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 04, 2000 8:00 am
Secretary of State
 05-04-2000 90096 003 ***150.00

DOCUMENT # P96000036813
 Entity Name
SAINT GERMAIN, CORP.

Principal Place of Business 7520 REPUBLIC DRIVE SUITE 102 ORLANDO FL 32819	Mailing Address 7520 REPUBLIC DRIVE SUITE 102 ORLANDO FL 32819-8919
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DO NOT WRITE IN THIS SPACE

Principal Place of Business 1810 KINGSPONTE PKWY Suite, Apt. #, etc. SUITE 112 City & State ORLANDO, FL Zip 32819 Country ORANGE		3. Mailing Address Suite, Apt. #, etc. City & State Zip Country		4. FEI Number 59-3417130	Applied For <input type="checkbox"/> Not Applicable
6. Name and Address of Current Registered Agent ALEVATO, MARCO A 7520 REPUBLIC DRIVE SUITE 102 ORLANDO FL 32819				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 7810 KINGSPONTE PARKWAY SUITE 112 ORLANDO FL 32819	

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 _____ (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) <input type="checkbox"/>	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. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE P	<input type="checkbox"/> Delete	TITLE SUITE 112	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME ALEVATO, LILIAN T		NAME 7810 KINGSPONTE PARKWAY	
STREET ADDRESS 7520 REPUBLIC DR, #102		STREET ADDRESS ORLANDO FL 32819	
CITY-ST-ZIP ORLANDO FL		CITY-ST-ZIP ORLANDO FL 32819	
TITLE VPTS	<input type="checkbox"/> Delete	TITLE SUITE 112	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME ALEVATO, MARCO A		NAME 7810 KINGSPONTE PARKWAY	
STREET ADDRESS 7520 REPUBLIC DR, #102		STREET ADDRESS ORLANDO FL 32819	
CITY-ST-ZIP ORLANDO FL		CITY-ST-ZIP SUITE 112	
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 all other like empowered.

SIGNATURE: Leo Alevato **REQUIRED** 4-29-00 407 363-0154
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)