

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000066863

1. Entity Name

GIOPAE, INC.

FILED
May 24, 2000 8:00 am
Secretary of State

05-24-2000 90174 008 ***150.00

Principal Place of Business

Mailing Address

15570 S.W. 157TH STREET
 MIAMI FL 33187

1139 NORTH KROME AVE
 HOMESTEAD FL 33030-4412

2. Principal Place of Business

1139 N. KROME AVE

3. Mailing Address

15570 SW 157 ST

Suite, Apt. #, etc.

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State
 HOMESTEAD FL

City & State
 MIAMI FL

4. FEI Number

65-0695026

Applied For

Not Applicable

Zip

Country

33030

USA

Zip

Country

33187

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

PAE, AERI
 1139 NORTH KROME AVE
 HOMESTEAD FL 33030

Name

GIOVANNI LAVIGNE

Street Address (P.O. Box Number is Not Acceptable)

15570 SW 157 ST

City

MIAMI

FL

Zip Code

33187

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

Giovanni Lavigne

GIOVANNI LAVIGNE

4.23.00

Signature, typed or printed name of registered agent and the fee, 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 D ☐ Delete
 NAME PAE, AERI
 STREET ADDRESS 1139 N KROME AVE
 CITY-ST-ZIP HOMESTEAD FL 33030

TITLE D ☐ Change ☒ Addition
 NAME GIOVANNI LAVIGNE
 STREET ADDRESS 15570 SW 157 AVE
 CITY-ST-ZIP MIAMI FL 33187

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE ☐ Delete
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TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 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:

Giovanni Lavigne
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4.25.00

Date

3052334600

Daytime Phone #

CR2E034 (9/99)