

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000067423

1. Entity Name
SAVIANO, INC.

FILED
Apr 10, 2000 8:00 am
Secretary of State

04-10-2000 90099 020 ***150.00

Principal Place of Business

Mailing Address

489 W. DAVIS BLVD.
TAMPA FL 33606

489 W. DAVIS BLVD.
TAMPA FL 33606-3817

2. Principal Place of Business

3. Mailing Address

5920 Pine Tree Dr

5920 Pine Tree Dr

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Miami Beach FL

City & State

Miami Beach FL

Zip

33140

Country

Zip

33140

Country

4. FEI Number

65-0688325

Applied For

Not Applicable

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

SAVIANO, JOHN
489 W. DAVIS BLVD.
TAMPA FL 33606

Name

JOHN SAVIANO

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

5920 PINE TREE DR

City

Miami Beach

FL

Zip Code

33140

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

Carolyn Saviano / CAROLYN SAVIANO / Sec / Treasurer

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	D	<input type="checkbox"/> Delete
NAME	SAVIANO, JOHN	
STREET ADDRESS	489 W. DAVIS BLVD.	
CITY-ST-ZIP	TAMPA FL 33606	
TITLE	ST	<input type="checkbox"/> Delete
NAME	SAVIANO, CAROLYN	
STREET ADDRESS	489 W. DAVIS BLVD	
CITY-ST-ZIP	TAMPA FL 33606	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JOHN SAVIANO	
STREET ADDRESS	5920 PINE TREE DR	
CITY-ST-ZIP	Miami Beach FL 33140	
TITLE	ST	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SAVIANO, CAROLYN	
STREET ADDRESS	5920 PINE TREE DR	
CITY-ST-ZIP	Miami Beach FL 33140	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 another like empowered.

SIGNATURE:

Carolyn Saviano / CAROLYN SAVIANO

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

4/4/00

Daytime Phone #

305-993-1213

CR2E034 (9/99)