

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 09, 2001 8:00 am
Secretary of State

02-20-2001 90040 009 ***163.95

DOCUMENT # P97000043687

1. Entity Name
 GIARDINA PROPERTIES, INC
 1501 SO. OCEAN BLVD. APT. 208
 POMPANO BEACH FL. 33062

Principal Place of Business **Mailing Address**
 1501 SOUTH OCEAN BLVD.
 APT. 208
 POMPANO BEACH FL. 33062

2. Principal Place of Business **3. Mailing Address**
 1501 SO. OCEAN BLVD. 1501 SO. OCEAN BLVD.
 Suite, Apt. #, etc. Suite, Apt. #, etc.
 APT. 208 APT. 208
 City & State City & State
 POMPANO BEACH FL. POMPANO BEACH FL.
 Zip Country Zip Country
 33062 BROWARD 33062 BROWARD

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent
 GIARDINA SALVATORE
 1501 SOUTH OCEAN BLVD. APT. 208
 POMPANO BE. FL. 33062

4. FEI Number 65-0746298 **Applied For**
 Not Applicable

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

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 *Salvatore Giardina* **DATE** 2-08-01
(Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating))

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, 2001 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 NAME STREET ADDRESS CITY-ST-ZIP	SALVATORE GIARDINA <input type="checkbox"/> Delete PRES 1501 SO. OCEAN BLVD. APT. 208 POMPANO BE. FL 33062	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PHYLLIS GIARDINA <input type="checkbox"/> Delete PRES 1501 SO. OCEAN BLVD. APT. 208 POMPANO BE. FL. 33062	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *Salvatore P. Giardina* **DATE** 2-08-01 **Daytime Phone #**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (11/00)