

2010 UBR US BUSINESS REPORT (UBR)

DOCUMENT # **P97000044085**

1. Entity Name

**GIOVANUCCI Enterprises, INC.**

Principal Place of Business

765 JOHN RINGLING BLVD. C38  
SARASOTA FL 34236

Mailing Address

1142 Hylan Blvd  
STATEN ISLAND, NY  
10305

FILED

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STATE OF FLORIDA  
TALLAHASSEE, FLORIDA

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3.

c/o Peter Tesoriero, CPA  
1142 Hylan Blvd.  
Staten Island, NY 10305

4. FEI Number

65-0765252

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

GIOVANUCCI, ALDO  
765 JOHN RINGLING BLVD.  
C38  
SARASOTA FL 34236

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 the if applicable

NOTE: Registered Agent signature required when reinstating

DATE

9. Capital Contributions  
as Shown on record.

\$500.00

10. Amount of Capital Contributions  
in FLORIDA to date.

11. MAKE CHECK PAYABLE TO DEPT. OF STATE  
SEE REVERSE SIDE FOR FEE INFORMATION

A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.  
NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.

12. GENERAL PARTNER INFORMATION

13. ADDRESS CHANGES ONLY

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

GIOVANUCCI, ALDO  
765 JOHN RINGLING BLVD. C38  
SARASOTA FL 34236

STREET ADDRESS

CITY-STATE-ZIP

DOCUMENT #  
11/14/06--01063--016 \*\*150.00

DOCUMENT #  
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STREET ADDRESS  
CITY-STATE-ZIP

STREET ADDRESS

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CITY-STATE-ZIP

14. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE:

*Aldo Giovanucci* ALDO GIOVANUCCI

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone

718 494 6612



***Peter Tesoriero***

***Certified Public Accountant***

*1142 Hylan Boulevard, Staten Island, NY 10305*

*Voice (718) 816-1400 . Fax (718) 816-7300*

October 26, 2006

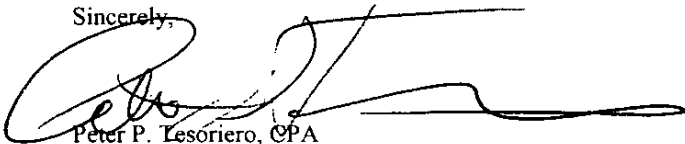
Division of Corporations  
P. O. Box 6198  
Tallahassee, FL 32314-6198

Re: Giovanucci Enterprises, Inc.  
TIN: 65-0765252  
Form: Uniform Business Report  
Year: 2006

Dear Sir or Madam:

We are the accountants for the above captioned. Please note, my client mailed this report on March 24, 2006, with a check in the amount of \$150.00, however, my client realized that this check was never cashed by the bank. Therefore, enclosed please find a copy of the report that was originally mailed March 24, 2006, and another check in the amount of \$150.00. If you have any questions, or perhaps would like to discuss this matter further, please feel free to contact me at the above mentioned number.

Sincerely,



Peter P. Tesoriero, CPA