

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000022380

1. Entity Name

ALFIERI REALTY CORP.

**FILED**  
**Mar 21, 2000 8:00 am**  
**Secretary of State**

03-21-2000 90037 036 \*\*\*150.00

Principal Place of Business

720 E. FLETCHER AVENUE  
SUITE 220  
TAMPA FL 33612

Mailing Address

GASPER ALFIERI  
3708 GREENERY CT., UNIT 208  
TAMPA FL 33618-4419

0001110



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3802-A Gunn Highway  
Suite, Apt. #, etc.  
Suite A

3. Mailing Address

3708 Greenerly Ct Unit 208  
Suite, Apt. #, etc.  
Tampa,

City & State

Tampa, FL 33624

City & State

Florida

4. FEI Number

59-3503311

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

ALFIERI, GASPER  
3708 GREENERY CT  
UNIT 208  
TAMPA FL 33618

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 Gasper Alfieri

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

March 17, 2000

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

TITLE **P**  
NAME **ALFIERI, GASPER**  
STREET ADDRESS **720 E. FLETCHER AVENUE**  
CITY-ST-ZIP **TAMPA FL 33612**

☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Delete

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☐ Change ☐ Addition

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CITY-ST-ZIP

☐ Change ☐ 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:

Gasper Alfieri, President March 17, 2000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

PH-813-960-9136