

10f2

**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # **P98000039911**

1. Entity Name

**GIANNI CORP.**

FILED

02 OCT -9 AM 7:36

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**700008385847**  
**10/16/02--01001--004 \*\*150.00**

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

**14272 SW 139 CT**

3. Mailing Address

**14272 SW 139 ST**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

**MIAMI FL 33186**

City & State

**MIAMI FL 33186**

Zip

Country

Zip

Country

4. FEI Number

**65-0832835**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

DO NOT WRITE IN THIS SPACE

**DO NOT WRITE  
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name

**GIDVANNI BLAND**

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

**14272 SW 139 CT**

City

**MIAMI**

FL

Zip Code

**33186**

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 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) ☐

**January 1 - May 1 Fee is \$150.00**  
**After May 1, Fee is \$550.00**  
**Amended UBR is \$61.25**  
**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  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**P S T D  
BLAND, GIDVANNI  
14272 SW 139 COURT  
MIAMI, FL 33186**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**DO NOT WRITE  
IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034B (12/01)

252

**GIANNI CORP.**  
**14272 S.W. 139th Court**  
**Miami, FL 33186**

September 16, 2002

Division of Corporations  
Uniform Business Report Filings  
P.O. Box 1500  
Tallahassee, FL 32302-1500

Gentlemen:

Please be advised that we mailed our renewal for the 2002 Uniform Business Report on January 22, 2002 together with a payment in the amount of \$150.00.

In reviewing my bank statements, I found that the check written to the Florida Department of State has not been cancelled. I then called and spoke with someone at the Division of Corporations and was advised to resend another payment via certified, return receipt mail as you have obviously not received the original payment that was mailed out in January. This second payment was mailed on September 9, 2002. If you have any questions, please do not hesitate to call me at (305)586-6621.

Sincerely,



Giovanni Bland

P98000039711