## 2000 UNIFORM BUSINESS REPORT (UBR)

## FILED DOCUMENT # P98000058752 Apr 24, 2000 8:00 am Secretary of State 1. Entity Name GOLINO & CO., INC. 04-24-2000 90114 009 \*\*\*150.00 Principal Place of Business Mailing Address 11780 U.S. HIGHWAY ONE 11780 U.S. HIGHWAY ONE SUITE 300 SUITE 300 NORTH PALM BEACH FL 33408-3042 NORTH PALM BEACH FL 33408 3. Mailing Address PD. Box 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc DO NOT WRITE IN THIS SPACE City & State Applied For 4. FEI Number 65-0853111 Not Applicable \$8.75 Additional Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent FHS CORPORATE SERVICES, INC. ox Number is Not Accepted 11780 U.S. HIGHWAY ONE SUITE 300 NORTH PALM BEACH FL 33408 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. pres (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11, **PVST** PVST Change Addition TITLE □ Delete TITLE GOLINO, ANDRE MAME GOLIND, NAME 1500 N. Ocean STREET ADDRESS STREET ADDRESS 11780 U.S. HIGWAY ONE, #300 CITY-ST-ZIP CITY-ST-ZIP NORTH PALM BCH FL 33408 Change ☐ Addition ☐ Delete TITLE TITLE Toanno GOLINO, JOANNA E NAME N. Ocean Blud 11780.US HWY ONE, STE #300 STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIE NORTH PALM BCH FL 33408 ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIF ■ Addition ☐ Change ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 appears, with all other like empowered.