

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Apr 12, 2001 8:00 am**
Secretary of State

04-12-2001 90044 049 ***150.00

026783

DOCUMENT # P98000087507

1. Entity Name

HUNTER/GAETANO MANAGEMENT GROUP, INC.

Principal Place of Business

**100 S. PINE ISLAND ROAD
SUITE 142
PLANTATION FL 33324**

Mailing Address

**100 S. PINE ISLAND ROAD
SUITE 142
PLANTATION FL 33324**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0958636

Applied For

Not Applicable

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

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

**STRONKOWSKY, TED
100 S. PINE ISLAND ROAD
SUITE 142
PLANTATION FL 33324**

7. Name and Address of New Registered Agent

Name

Gary Poltronieri

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

100 S Pine Island Rd Suite #142

City

Plantation FL 33324 FL

Zip Code

33324

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

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

(NOTE: Registered Agent signature required when reinstating)

4/5/01
DATE9. 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

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
P	POLTRONIERI, GARY	100 S. PINE ISLAND RD- STE 142	PLANTATION FL 33324	

S	ANNESE, SALVATORE	100 S. PINE ISLAND RD- STE 142	PLANTATION FL 33324	<input checked="" type="checkbox"/> Delete
---	-------------------	--------------------------------	---------------------	--

				<input type="checkbox"/> Delete
--	--	--	--	---------------------------------

				<input type="checkbox"/> Delete
--	--	--	--	---------------------------------

				<input type="checkbox"/> Delete
--	--	--	--	---------------------------------

				<input type="checkbox"/> Delete
--	--	--	--	---------------------------------

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition

				<input type="checkbox"/> Change	<input type="checkbox"/> Addition
--	--	--	--	---------------------------------	-----------------------------------

				<input type="checkbox"/> Change	<input type="checkbox"/> Addition
--	--	--	--	---------------------------------	-----------------------------------

				<input type="checkbox"/> Change	<input type="checkbox"/> Addition
--	--	--	--	---------------------------------	-----------------------------------

				<input type="checkbox"/> Change	<input type="checkbox"/> Addition
--	--	--	--	---------------------------------	-----------------------------------

				<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:

Gary Poltronieri Pres. **4/5/01** **954-236-6769**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)