

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 24, 2002 8:00 am
Secretary of State

04-24-2002 90308 015 ***150.00

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

**2041 SW 70th Ave
 Suite, Apt. #, etc.
 0-1**

3. Mailing Address

**2041 SW 70th Ave
 Suite, Apt. #, etc.
 0-1**

City & State

Davie FL

City & State

Davie FL

4. FEI Number

65-0958636

Applied For

Not Applicable

Zip

33317

Country

USA

Zip

33317

Country

USA

5. Certificate of Status Desired

☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

**Name Gary Poltronieri
 Street Address (P.O. Box Number is Not Acceptable)
 2041 SW 70th Ave 0-1
 City Davie FL Zip Code 33317**

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) ☐

**FILE NOW!!! FEE IS \$150.00
 After May 1, 2002 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	<input type="checkbox"/> Delete
NAME	POLTRONIERI, GARY	
STREET ADDRESS	100 S. PINE ISLAND RD- STE 142	
CITY-ST-ZIP	PLANTATION FL 33324	
TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	ANNESE, SALVATORE	
STREET ADDRESS	100 S. PINE ISLAND RD- STE 142	
CITY-ST-ZIP	PLANTATION FL 33324	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	Vice President 49% share Holder	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Ted J Strankowsky	
STREET ADDRESS	1335 NW 129 Terr.	
CITY-ST-ZIP	Sunrise, FL. 33323	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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 address, with all other like empowered.

SIGNATURE:

Ted J Strankowsky Director 4/11/02 954-236-6769

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

0299947 AV

CR2E034 (9/01)