

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 28, 2002 8:00 am**  
**Secretary of State**

03-28-2002 90162 023 \*\*\*150.00

**DOCUMENT # P98000097752**

1. Entity Name

**SAVIOR MANAGEMENT, INC.**

Principal Place of Business

**10026 SPANISH ISLES BLVD BAY 16/17  
 BOCA RATON FL 33498**

Mailing Address

**10026 SPANISH ISLES BLVD BAY 16/17  
 BOCA RATON FL 33498**

2. Principal Place of Business

**10058 Spanish Isles Blvd  
 FL 2**

3. Mailing Address

**10058 Spanish Isles Blvd  
 FL 2**

Suite, Apt. #, etc.

**FL 2**

Suite, Apt. #, etc.

**FL 2**

City & State

**Boca Raton FL**

City & State

**Boca Raton FL**

Zip

**33498**

Country

**USA**

Zip

**33498**

Country

**USA**

6. Name and Address of Current Registered Agent

**GIORDANO, MARGARET  
 10026 SPANISH ISLES BLVD  
 B 16-17  
 BOCA RATON FL 33498**

7. Name and Address of New Registered Agent

**Frank Pito Jr  
 10058 Spanish Isles Blvd  
 FL 2  
 Boca Raton FL 33498**

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

**Frank Pito Jr** **3/18/02**

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	<b>P</b> <input type="checkbox"/> Delete
NAME	<b>PITO, FRANK JR</b>
STREET ADDRESS	<b>22581 MIDDLETOWN DR</b>
CITY-ST-ZIP	<b>BOCA RATON FL 33428</b>
TITLE	<b>VP</b> <input type="checkbox"/> Delete
NAME	<b>PITO, CATERINA</b>
STREET ADDRESS	<b>9044 LONG LAKE PALMS DR</b>
CITY-ST-ZIP	<b>BOCA RATON FL 33497</b>
TITLE	<b>ST</b> <input checked="" type="checkbox"/> Delete
NAME	<b>GIORDANO, MARGARET</b>
STREET ADDRESS	<b>9138 BEDFORD DR</b>
CITY-ST-ZIP	<b>BOCA RATON FL 33434</b>
TITLE	<b>D</b> <input type="checkbox"/> Delete
NAME	<b>CIARAMITARO, MARIA</b>
STREET ADDRESS	<b>240 EL DORADO PKWY</b>
CITY-ST-ZIP	<b>PLANTATION FL 33317</b>
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	<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	
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:

**Frank Pito Jr** **3/18/02** **561-4703395**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)