## 2001 UNIFORM BUSINESS REPORT (UBR) **FILED** Apr 26, 2001 8:00 am Secretary of State DOCUMENT # P99000039079 1. Entity Name JOHN GIORDANO'S HOLISTIC ADDICTION TREATMENT PRO 04-26-2001 90287 003 \*\*\*150.00 Principal Place of Business Mailing Address 16170 N.E. 11TH COURT 16170 N.E. 11TH COURT NORTH MIAMI FL 33162 NORTH MIAMI FL 33162 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. City & State City & State 4. FEI Number Applied For 65-0940060 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Cortificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent THE LAW OFFICES OF CRAIG M. DORNE, P.A. Street Address 3050 BISCAYNE BLVD: STE. 801 MIAMI FL 33137 8. The above named entity submits this statement for the purpose of changing its registered office or registered name of registered agent and title if applicable 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150,00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State

11.	OFFICERS AND DIRECTORS	<sub>s</sub> 12.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Delete GIORDANO, JOHN 16170 N.E. 11TH COURT NORTH MIAMI FL 33162	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Gerald Goldfarb Change Maddition 16170 N.E. 11CT NORTH MIAMI, EC 33162
TETLE NAME STREET AODRESS CITY-ST-ZIP	D GIORDANO, MICHELE 16170 N.E. 11TH COURT NORTH MIAMI FL 33162	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Gerald Goldfarb  No RTH MIAMI, EL 33162  Tacicy Croadman  16170 N.E. 11CT  DORTH MIAMI, EL 33162
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Delete GIORDANO, ATHENA 16170 N.E. 11TH COURT NORTH MIAMI FL 33162	TITLE NAME STREET ADDRESS CITY-S7-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	NAME STREET ADDRESS C'TY-ST-ZIP	☐ Change ☐ Addition
TITLE  NAME  STREET ADDRESS  CITY_ST_7IP	☐ Delete	TITLE NAME STREET ADDRESS	☐ Change ☐ 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. We empowered.

SIGNATURE

SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

41701

(305)945-8386

CR2E034 (10/00)