

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **P99000111655**

1. Entity Name  
**G. BALTOIANO, INC.**

**FILED**  
**Feb 21, 2000 8:00 am**  
**Secretary of State**

02-21-2000 90040 050 \*\*\*150.00

Principal Place of Business Mailing Address  
**8235 W FLAIGLER STREET 8235 W FLAIGLER STREET**  
**MIAMI FL 33144 MIAMI FL 33144**

**715051**

2. Principal Place of Business 3. Mailing Address  
**MIAMI, FLORIDA 8235 W FLAGLER STREET**

Suite, Apt. #, etc. Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State City & State 4. FEI Number Applied For  
**MIAMI, FL MIAMI, FL 65-0973900 Not Applicable**  
Zip Country Zip Country 5. Certificate of Status Desired ☐ \$8.75 Additional  
**33144 DADE 33144 DADE Fee Required**

## 6. Name and Address of Current Registered Agent

## 7. Name and Address of New Registered Agent

**GUISELLE BALTOIANO**  
**8235 W FLAGLER STREET**  
**MIAMI, FL 33144**

Name

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

City

**FL**

Zip Code

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, 2000 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

## 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P** ☐ Delete  
NAME **GUISELLE BALTOIANO** **ADDITION**  
STREET ADDRESS **10621 SW 77 AVENUE**  
CITY-ST-ZIP **MIAMI, FL 33156**

TITLE **P** ☐ Change ☒ Addition  
NAME **GUISELLE BALTOIANO**  
STREET ADDRESS **10621 SW 77 AVENUE**  
CITY-ST-ZIP **MIAMI, FL 33156**

TITLE **VP** ☐ Delete  
NAME **MARIA EUGENIA SEVILLA** **ADDITION**  
STREET ADDRESS **10621 SW 77 AVENUE**  
CITY-ST-ZIP **MIAMI, FL 33156**

TITLE **VP** ☐ Change ☒ Addition  
NAME **MARIA EUGENIA SEVILLA**  
STREET ADDRESS **10621 SW 77 AVENUE**  
CITY-ST-ZIP **MIAMI, FL 33156**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
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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: **X**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**1/31/00 (305) 261-2662**