2001 UNIFORM BUSINESS REPORT (UBR)

2001 UNIFORM BUSINESS REPORT (UBR)			FILED	
DOCUMENT # \$12910 1. Entity Name SAN GIUSEPPE, INC.			Aug 07, 2001 8:00 am Secretary of State 08-07-2001 90010 036 ***150.00	
Principal Place of Business 2041 9TH ST. NORTH NAPLES FL 33940-4806	ST. NORTH 2041 9TH ST. NORTH			8/1 8/18/1 8/18/1 8/18/1 8/18/1 8/18/1 8/18/1 8/18/1
Principal Place of Business 3. Mailing Address		<u> </u>		<u>ii </u>
Suite, Apt. #, etc.	Suite, Apt. #, etc.		DO NOT WRITE IN THIS SPACE .	
City & State	City & State		4. FEI Number 65-0228734	Applied For Not Applicable
Zip Country	Zip	Country	5. Certificate of Status Desired	\$8.75 Additional Fee Required
6. Name and Address of Curro	ent Registered Agent	Name	7. Name and Address of New Register	red Agent
D'AGOSTINO, LOUIS D. 4501 TAMIAMI TRAIL NORTH SUITE 300, BARNETT CENTER			(P.O. Box Number is Not Acceptable)	
NAPLES FL 33940-3060		City		FL Zip Code
,	After September 12 Make Check Payab	:: Registered Agent signature require !! FEE IS \$550.00 ., 2001 Fee will be \$750 sle to Department of Sta	10. Election Campaign Financing Trust Fund Contribution.	Added to Fees
11. OFFICERS A	ND DIRECTORS	12.	ADDITIONS/CHANGES TO OFFICERS	Change Addition
NAME CATALANO, VINCENZO STREET ADDRESS CITY-ST-ZIP NAPLES FL	Li Delete	NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP CATALANO, ANNA 2041 9TH ST. N. NAPLES FL	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP ADDRESS FL	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
13. I hereby certify that the information supplied indicated on this report or supplemental report the corporation or the receiver or trustee echanged, or on an attachment withern address SIGNATURE:	with this filing does not qualify to ort is true and accorde and that improvemed to execute this report ses, with all other like any overed to the provinced to	(7.7)	Section 119.07(3)(i), Florida Statutes. I furthe e same legal effect as if made under oath; t 07, Florida Statutes; and that my name appo Date	er certify that the information hat I am an officer or director ears in Block 11 or Block 12 if

Division of Corporations Uniform Business Report Filings P O Box 1500 Tallahassee FL 32302-1500

AHO.chmenk DOH 512910 COON4965

San Giuseppe Inc 2041 9th Street N Naples FL 34102-4806 July 31 2001

To Whom It May Concern:

I called your office when I received this and was told that as I Had not received one earlier in the year that a letter was needed and a check for 150.00 was to be paid. You will find a check for 150.00 enclosed with this report.

Thank you for your help in clearing this up.

Sincerely;