

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Aug 07, 2001 8:00 am**  
**Secretary of State**

0095472 AV

**DOCUMENT # S12910**

1. Entity Name  
**SAN GIUSEPPE, INC.**

08-07-2001 90010 036 \*\*\*150.00

Principal Place of Business <b>2041 9TH ST. NORTH NAPLES FL 33940-4806</b>	Mailing Address <b>2041 9TH ST. NORTH NAPLES FL 33940-4806</b>
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LU1174363



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address		4. FEI Number <b>65-0228734</b>		Applied For
Suite, Apt. #, etc.		Suite, Apt. #, etc.				Not Applicable
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required
Zip	Country	Zip	Country			

6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent					
<b>D'AGOSTINO, LOUIS D.</b> <b>4501 TAMiami TRAIL NORTH</b> <b>SUITE 300, BARNETT CENTER</b> <b>NAPLES FL 33940-3060</b>				Name					
				Street Address (P.O. Box Number is Not Acceptable)					
				City				<b>FL</b>	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 \_\_\_\_\_ (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. <input type="checkbox"/> (See criteria on back)	<b>FILE NOW!!! FEE IS \$550.00</b> <b>After September 12, 2001 Fee will be \$750.00</b> <b>Make Check Payable to Department of State</b>	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	<b>D</b> <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>CATALANO, VINCENZO</b>	NAME	
STREET ADDRESS	<b>2041 9TH ST. N.</b>	STREET ADDRESS	
CITY-ST-ZIP	<b>NAPLES FL</b>	CITY-ST-ZIP	
TITLE	<b>D</b> <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>CATALANO, ANNA</b>	NAME	
STREET ADDRESS	<b>2041 9TH ST. N.</b>	STREET ADDRESS	
CITY-ST-ZIP	<b>NAPLES FL</b>	CITY-ST-ZIP	
TITLE	<b>D</b> <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>CATALANO, GIUSEPPE</b>	NAME	
STREET ADDRESS	<b>2041 9TH ST. N.</b>	STREET ADDRESS	
CITY-ST-ZIP	<b>NAPLES FL</b>	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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:** \_\_\_\_\_  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date \_\_\_\_\_ Daytime Phone # \_\_\_\_\_

Attachments

Doc # 512910  
C0074965

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

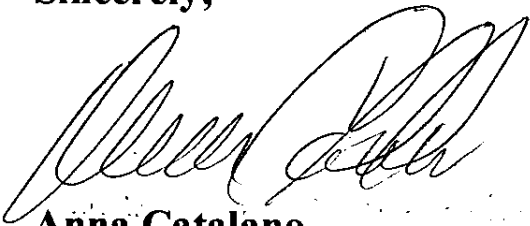
**San Giuseppe Inc  
2041 9<sup>th</sup> Street N  
Naples FL 34102-4806  
July 31 2001**

**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;**



**Anna Catalano**