# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 715652

**FILED**
**Feb 25, 2000 8:00 am**
**Secretary of State**
02-25-2000 90013 034 ****61.25

1. Entity Name

AMERICANS OF ITALIAN HERITAGE CLUB, INC.

| Principal Place of Business | Mailing Address |
|---|---|
| 6040 SW 21ST ST<br>MIRAMAR FL 33023 | 6040 SW 21ST ST<br>MIRAMAR FL 33023-2921 |

DO NOT WRITE IN THIS SPACE

| 2. Principal Place of Business | 3. Mailing Address |
|---|---|
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |
| City & State | City & State |
| Zip / Country | Zip / Country |

4. FEI Number 59-1757353 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

**6. Name and Address of Current Registered Agent**

RIZZI, ANTONIO
15815 SW 11 ST
PEMBROKE PINES FL 33021

**7. Name and Address of New Registered Agent**

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 Antonio Rizzi ANTONIO RIZZI PRES! 2-15-00
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW: FEE IS $61.25**

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

**Make Check Payable to Department of State**

| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | | |
|---|---|---|---|---|---|
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | PD<br>RIZZI, ANTONIO<br>15815 SW 11 ST<br>PEMBROKE PINES FL 33027 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | VD<br>RIZZI, PATRICK<br>4933 HOLLYWOOD BLVD APT 105<br>HOLLYWOOD FL 33021 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | VD<br>PALMACCI, BRUNO<br>1621 LAUDERDALE WEST DRIVE<br>PLANTATION FL | ☒ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | VD<br>CHARLES SCALISI<br>3631 CITRUSTRACE<br>DAVIE, FL. 33328 | ☐ Change ☒ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | TD<br>CLINTON, RAYMOND<br>2011 SW 42ND AVE<br>FT LA | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | SD<br>BAMOND, ANTOINETE<br>1551 SW 135 TERRACE APT 304<br>PEMBROKE PINES FL 33027 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>AMARU, KATHERINE<br>9193 GREEN BRIER CT<br>DAVIE FL 33328 | ☒ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>SAM PECORARO<br>1715 WHITEHALL DR. APT. 203<br>FT. LAUDERDALE, FL. 33324 | ☐ Change ☒ Addition |

CR2E037 (9/99)

12. 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** Raymond Clinton RAYMOND CLINTON (954)587-6544
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #