

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 05, 2003 8:00 am
Secretary of State

03-05-2003 90044 015 ****61.25

DOCUMENT # 715652

1. Entity Name

AMERICANS OF ITALIAN HERITAGE CLUB, INC.



Principal Place of Business

**6040 SW 21ST ST
MIRAMAR FL 33023**

Mailing Address

**6040 SW 21ST ST
MIRAMAR FL 33023**

2. Principal Place of Business

3. Mailing Address

15815 SW 11 ST.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

P. PINES FL.

Zip

Country

Zip

Country

33029 U.S.A.

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

7. Name and Address of New Registered Agent

**RIZZI, ANTONIO
15815 SW 11 ST
PEMBROKE PINES FL 33021**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE **ANTONIO RIZZI**

Antonio Rizzi

1-7-03

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
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **PD** ☐ Delete
NAME **RIZZI, ANTONIO**
STREET ADDRESS **15815 SW 11 ST**
CITY-ST-ZIP **PEMBROKE PINES FL 33027**

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

TITLE **VD** ☒ Delete
NAME **RIZZI, PATRICK**
STREET ADDRESS **4933 HOLLYWOOD BLVD APT 105**
CITY-ST-ZIP **HOLLYWOOD FL 33021**

TITLE **VD** ☐ Change ☒ Addition
NAME **PALMACCI, BRUNO**
STREET ADDRESS **1621 LAUDERDALE WEST**
CITY-ST-ZIP **FORT LAUDERDALE, FL. 33322**

TITLE **VD** ☐ Delete
NAME **SCALISI, CHARLES**
STREET ADDRESS **3631 CITRUS TRACE**
CITY-ST-ZIP **DAVIE FL 33328**

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

TITLE **TD** ☐ Delete
NAME **CLINTON, RAYMOND**
STREET ADDRESS **2011 SW 42ND AVE**
CITY-ST-ZIP **FT LA**

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

TITLE **SD** ☒ Delete
NAME **BAMOND, ANTOINETE**
STREET ADDRESS **1551 SW 135 TERRACE APT 304**
CITY-ST-ZIP **PEMBROKE PINES FL 33027**

TITLE **SP** ☐ Change ☒ Addition
NAME **ALFANO, JOANNE**
STREET ADDRESS **412 SW 3RD TER.**
CITY-ST-ZIP **HALLANDALE, FL. 33009**

TITLE **D** ☒ Delete
NAME **PALMACCI, BRUNO**
STREET ADDRESS **1621 LAUDERDALE WEST**
CITY-ST-ZIP **FORT LAUDERDALE FL 33322**

TITLE **D** ☐ Change ☒ Addition
NAME **RIZZI, MILLIE**
STREET ADDRESS **15815 SW 11 ST.**
CITY-ST-ZIP **PEMBROKE PINES, FL. 33029**

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** 1/7/03 954-587-6544

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (10/02)