

# 2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# N02000009607

FILED  
Apr 06, 2003  
Secretary of State

Entity Name: ENRICO CARLOZZI FOUNDATION, INC.

**Current Principal Place of Business:**

1805 PIERCE STREET  
HOLLYWOOD, FL 33020 US

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX # 223255  
HOLLYWOOD, FL 33022 US

**New Mailing Address:**

FEI Number: 33-1033547      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

HORNSTEIN, BRUCE H  
317-71ST STREET  
MIAMI BEACH,, FL 33141 US

**Name and Address of New Registered Agent:**

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:

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: S ( ) Change (X) Addition  
Name: CARLOZZI, ANTONELLA  
Address: 939 ADAMS STREET  
City-St-Zip: HOLLYWOOD, FL 33019

Title: TRUS ( ) Change (X) Addition  
Name: CARLOZZI, JOHN  
Address: 939 ADAMS STREET  
City-St-Zip: HOLLYWOOD, FL 33019

Title: C ( ) Change (X) Addition  
Name: CARLOZZI, MARIA  
Address: 939 ADAMS STREET  
City-St-Zip: HOLLYWOOD, FL 33019

Title: P ( ) Change (X) Addition  
Name: CARLOZZI, ANTONELLA  
Address: 939 ADAMS STREET  
City-St-Zip: HOLLYWOOD, FL 33019

Title: VP/T ( ) Change (X) Addition  
Name: CARLOZZI, MARIA  
Address: 939 ADAMS STREET  
City-St-Zip: HOLLYWOOD, FL 33019

Title: D ( ) Change (X) Addition  
Name: CARLOZZI, ANTONELLA  
Address: 939 ADAMS STREET  
City-St-Zip: HOLLYWOOD, FL 33019

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ANTONELLA CARLOZZI

D

04/06/2003

Electronic Signature of Signing Officer or Director

Date