

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 02, 2002 8:00 am
Secretary of State

0036332

DOCUMENT # N13376

1. Entity Name

THE CITTA FOUNDATION, INC.

04-02-2002 90887 007 ****61.25

Principal Place of Business

Mailing Address

**110 EAST ATLANTIC AVE
 #330
 DELRAY BEACH FL 33444**

**110 EAST ATLANTIC AVE
 #330
 DELRAY BEACH FL 33444**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2635738

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

**\$8.75 Additional
 Fee Required**



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**ARLEN, ROBERT M.
 110 EAST ATLANTIC AVE # 330
 DELRAY BEACH FL 33444**

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 _____

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	PD	<input type="checkbox"/> Delete
NAME	CITTA, J. PHILLIP	
STREET ADDRESS	698 HOOPER AVENUE	
CITY-ST-ZIP	TOMS RIVER NJ 08753	
TITLE	VD	<input type="checkbox"/> Delete
NAME	CITTA, ROSANNE L.	
STREET ADDRESS	4 HOLLY STREET	
CITY-ST-ZIP	TOMS RIVER NJ 08753	
TITLE	VD	<input type="checkbox"/> Delete
NAME	CITTA, JOSEPH A. JR	
STREET ADDRESS	354 ROBERTS AVENUE	
CITY-ST-ZIP	SEASIDE PARK NJ 08752	
TITLE	SD	<input type="checkbox"/> Delete
NAME	ROSELLI, MARIE	
STREET ADDRESS	585 BROOKSIDE DRIVE	
CITY-ST-ZIP	TOMS RIVER NJ 08753	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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:

SIGNATURE

3/18/02

732-349-1600

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)