

2002 UNIFORM BUSINESS REPORT (UBR) - AMENDED

DOCUMENT # N42510

1. Entity Name **ITALY-AMERICA CHAMBER OF COMMERCE SOUTHEAST, INC.**

Principal Place of Business

Mailing Address

One S.E. 15th Rd., Suite 150
Miami, FL 33129 US

One S.E. 15th Rd., Suite 150
Miami, FL 33129 US

2. Principal Place of Business

3. Mailing Address

270 N.E. 4th Street

270 N.E. 4th Street

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite 2

Suite 2

City & State

City & State

Miami, Florida 33132

Miami, Florida 33132

Zip

Country

Zip

Country

4. FEI Number

650285429

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

Oppenheim, Steven P.

800 Brickell Ave.

Ste 1115

Miami, FL 33131

Name

Marco Ferri

Street Address (P.O. Box Number is Not Acceptable)

Holland & Knight LLP

701 Brickell Ave., Suite 3000

City

Miami

FL

Zip Code

33131

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

Marco Ferri - MARCO FERRI

9/11/02

Signature, typed or printed name of registered agent and title if applicable (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.
(See criteria on back)

FILE NOW!!! FEE IS \$150.00

After MAY 1, 2000 Fee will be \$350.00

Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DP
Sassu, Cesare
One SE 15th Rd. Suite 150
Miami, Florida 33129

X Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DVP
Di Rocco, Frank
One SE 15th Rd Ste 150
Miami, Florida 33129

X Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DV
Belloni, Ilaria
One SE 15th Rd, Suite 150
Miami, Florida 33129

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DS
Yantes, Laura
One SE 15th Rd. Suite 150
Miami, FL 33129

X Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DT
Marinari, Cristiano
One SE 15th Rd. Suite 150
Miami, FL 33129

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DT 300008019583-4
Finley, Chandler
270 N.E. 4th Street, Suite 2
Miami, FL 33132

-09/25/02-010817-008
*****26.25 *****26.25

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DVP 300008019583-4
Neji, Ben
270 N.E. 4th Street, Suite 2
Miami, FL 33132

-09/25/02-010817-007
*****35.00 *****35.00

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DVP
Belloni, Ilaria
270 N.E. 4th Street, Suite 2
Miami, FL 33132

X Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DS
Ferri, Marco
270 N.E. 4th Street, Suite 2
Miami, FL 33132

Change X Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DP
Marinari, Cristiano
270 N.E. 4th Street, Suite 2
Miami, Florida 33132

X Change Addition

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 address, with all other like empowered.

SIGNATURE:

Marco Ferri - MARCO FERRI

9/11/02

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)

FILED

02 SEP 17 PM 2:10

SECRETARY OF STATE
TALLAHASSEE, FLORIDA
DO NOT WRITE IN THIS SPACE