

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

FILED
May 01, 2002 8:00 am
Secretary of State

05-01-2002 91515 022 ****61.25

DOCUMENT # N98000004421
1. Entity Name
SON'S OF ITALY FLORIDA FOUNDATION, INC

DO NOT WRITE IN THIS SPACE

643328

2. Principal Place of Business 17905 BONIELLO DRIVE Suite, Apt. #, etc.		3. Mailing Address 17905 BONIELLO DRIVE Suite, Apt. #, etc.	
City & State BOCA RATON FL		City & State BOCA RATON FL	
Zip 33496	Country US	Zip 33496	Country US

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2909031	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name
DENNIS J PIASIO

Street Address (P.O. Box Number is Not Acceptable)
5187 WOODSTONE CIRCLE EAST

City
LAKE WORTH FL Zip Code
33463

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 *Dennis J Piasio* DATE 4-14-02
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FEE IS \$61.25 Initial or Amended UBR	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees	Make Check Payable to Department of State
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10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ROSE MARIE BONIELLO 17905 BONIELLO DRIVE BOCA RATON FL 33496	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DENNIS J PIASIO 5187 WOODSTONE CIRCLE EAST LAKE WORTH FL 33463	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FRANK CASTELLANO 3108-NASSAU-STREET-WEST TAMPA FL 33607	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DO NOT WRITE IN THIS SPACE
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	

CR2E037B (12/01)

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 on an attachment with an address, with or without other like empowered.

SIGNATURE: *Rose Marie Boniello* DATE 4-14-02