

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 20, 2002 8:00 am
Secretary of State

0017005

DOCUMENT # N98000005618

02-20-2002 90107 047 ****61.25

1. Entity Name

AMERICAN ITALIAN ASSOCIATION OF HOLLYWOOD ESTATE S, INC.

Principal Place of Business

Mailing Address

3300 NO. STATE RD.7,STE.408
 HOLLYWOOD FL 33021

3300 NO. STATE RD.7,STE.408
 HOLLYWOOD FL 33021



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

Hollywood Estates
 Suite, Apt. #, etc.
3300 No State Rd 7 Box B193
 City & State
Hollywood Fl
 Zip
33021 Country
Broward

3. Mailing Address

Robert MARINO PRES
 Suite, Apt. #, etc.
3300 No State Rd 7 - B193
 City & State
Hollywood Fl
 Zip
33021 Country
Broward

4. FEI Number

NOT APPLICABLE

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

GAMBA, PAT
 3300 NO. STATE RD.7,STE.408
 HOLLYWOOD FL 33021

7. Name and Address of New Registered Agent

Name *Robert R. MARINO*
 Street Address (P.O. Box Number if Not Applicable)
3300 No. State Rd 7 B193
 City
Hollywood FL Zip Code
33021

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 *Robert R. MARINO PRES. Robert R. Marino* DATE *2/10/02*
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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 NAME STREET ADDRESS CITY-ST-ZIP	DP GAMBA, PAT 3300 N SR.7 E 408 HOLLYWOOD FL 33021	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT GIANNETTINO, IDA 3300 N SR 7 B187 HOLLYWOOD FL 33021	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DIGUIDO, ROSELLA 3300 N SR 7-A19 HOLLYWOOD FL 33021	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S STANCO, MILDRED 4927 SW 32 WAY FORT LAUDERDALE FL 33312	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T BALSAMO, JOSEPHINE 3300 N SR 7-D341 HOLLYWOOD FL 33021	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	FS MARINO, GLADYS 3300 N SR 7-B193 HOLLYWOOD FL 33021	<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT Robert Marino 3300 N SR.7 B193 Hollywood Fl. 33021	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Trustee LILLIAN BECKER 3300 N SR.7 B193 Hollywood Fl 33021	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SECRETARY BARBARA GIANNETTINO 3300 N. ST. RD 7 B187 Hollywood Fl 33021	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *Robert R. Marino* *Robert R. Marino* DATE: *2/10/02* PHONE: *954-966-5949*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (9/01)