

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Jan 21, 2003 8:00 am
Secretary of State

01-21-2003 90054 030 ****61.25

DOCUMENT # N98000005618

1. Entity Name
**AMERICAN ITALIAN ASSOCIATION OF HOLLYWOOD ESTATE
S, INC.**



90006921



CHECK HERE IF MAKING CHANGES

Principal Place of Business
**HOLLYWOOD ESTATES
3300 N STATE ROAD 7 - BOX B193
HOLLYWOOD FL 33021
US**

Mailing Address
**ROBERT MARINO - PRESIDENT
3300 N STATE ROAD 7 - BOX B193
HOLLYWOOD FL 33021
US**

2. Principal Place of Business
Hollywood Estates
Suite, Apt. #, etc.

3. Mailing Address
SAME AS ABOVE
Suite, Apt. #, etc.

3300 N. St. Rd 7 Box B-193
City & State
Hollywood FL

City & State

Zip
333021 Country
U.S.A

Zip Country

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
**MARINO, ROBERT R
3300 N STATE ROAD 7 - B193
HOLLYWOOD FL 33021**

7. Name and Address of New Registered Agent
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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Robert MARINO PRES.* *Robert Marino* *1/14/03*
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 Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> Delete
NAME	MARINO, ROBERT R	
STREET ADDRESS	3300 N STATE RD 7 - B193	
CITY-ST-ZIP	HOLLYWOOD FL 33021	
TITLE	DT	<input type="checkbox"/> Delete
NAME	GIANNETTINO, IDA	
STREET ADDRESS	3300 N SR 7 B187	
CITY-ST-ZIP	HOLLYWOOD FL 33021	
TITLE	T	<input type="checkbox"/> Delete
NAME	BECKER, LILLIAN	
STREET ADDRESS	3300 N STATE RD 7 - H639	
CITY-ST-ZIP	HOLLYWOOD FL 33021	
TITLE	S	<input type="checkbox"/> Delete
NAME	GIANNETTINO, BARBARA	
STREET ADDRESS	3300 N STATE ROAD 7 - B187	
CITY-ST-ZIP	HOLLYWOOD FL 33021	
TITLE	T	<input type="checkbox"/> Delete
NAME	BALSAMO, JOSEPHINE	
STREET ADDRESS	3300 N SR 7-D341	
CITY-ST-ZIP	HOLLYWOOD FL 33021	
TITLE	FS	<input type="checkbox"/> Delete
NAME	MARINO, GLADYS	
STREET ADDRESS	3300 N SR 7-B193	
CITY-ST-ZIP	HOLLYWOOD FL 33021	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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	
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: *Robert Marino* **REQUIRED**

1-15-03-954-966-5949

CR2E037 (10/02)