2003 NOT-FOR-PROFIT CORPORATION

UNIFORM BUSINESS REPORT (UBR) **DOCUMENT # 734143** 1. Entity Name



FILED Apr 24, 2003 8:00 am Secretary of State

04-24-2003 90222 048 ****61.25

	K GENTILE OHDER SONS OF I BE #2332, INC.	TALY CORAL SPRIN		<i> </i> 				
5438 W 45TH WAY 54 COCONUT CREEK FL 33073 CC		Mailing Address 5438 W 45TH WAY COCONUT CREEK FL 33073 US			٠,			
2. Principal Place of Business		3. Maijing Address HOOVE					}	
Suite, Apt. #, etc.		Suite, Apt. #, etc.			IECK HERE IF MAKING	G CHANGES		
City & State		City & State		4. FE! Number 65-(308247		oplied For	
Zip	Country	Zip -	Country	5. Certificate of State	us Desired	\$8.75 Add	ditional	
	6. Name and Address of Current Re	gistered Agent		7. Name and Addre	ss of New Registered			
SOMMOVIGO, MARIE			Name	Name				
8433 N.W. FIRST ST.			Street Address	(P.O. Box Number is No	t Acceptable)			
CORAL SPRINGS FL 33071								
	•		City		FL	Zip Cod	e	
8. The above	e named entity submits this statement for the	ne purpose of changing its r	egistered office or registe	ered agent, or both, in the		familiar with,	and accept	
signature	tions of registered agent.)						
SIGNATURE	Signature, typed or printed name of registered agent and	title if applicable. (NOTE:	Registered Agent signature require	ed 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 DIREC	CTORS	11.	ADDITIONS/CHANGES	TO OFFICERS AND DI	RECTORS IN	10	
NAME STREET ADDRESS	PD HARRINGTON, ANGELA 5438 NW 15TH WAY	☐ Delete	TITLE NAME STREET ADDRESS		•	Change	☐ Addition	
CITY-ST-ZIP	COCONUT CREEK FL		CITY-ST-ZIP					
TITLE NAME	STRAEUZZI, CARMELA	☐ Delete	TITLE NAME			☐ Change	☐ Addition	
STREET ADDRESS CITY-ST-ZIP	7867 GOLF CIRCLE DR. B212 MARGATE FL 33063		STREET ADDRESS CITY-ST-ZIP					
TITLE NAME	RST PRZYBYLINSKI, FRANCES	☐ Delete	: TITLE NAMÉ		× 11111	☐ Change	Addition	
	8553 N.W. 24TH:CT===================================	تاكال <mark>مج</mark> نس (الرقايل العادسية	-STREET ADDRESS=	magain (aga ma	بسبست - ا	: -		
TITLE	CORAL SPRINGS FL 33065	□ Delete	CITY-ST-ZIP			Change	- Addition	
NAME	JOSEPHINE PRICE	☐ Delete	TITLE NAME			☐ Change	Addition	
STREET ADORESS CITY-ST-ZIP	10440 NW 8TH CT CORAL SPRINGS FL		STREET ADDRESS				}	
TITLE	D	□ Delete	CITY-ST-ZIP TITLE			☐ Change	☐ Addition	
NAME	SOMMORIGO, MARIE	Delete	NAME			Change	Accidion	
	8433 N.W. 1ST ST CORAL SPRINGS FL 33071		STREET ADDRESS CITY-ST-ZIP					
TITLE		□ Delete	TITLE		 .	☐ Change	☐ Addition	
NAME	BRATTOLE, PHYLLIS		NAME		_			
STREET ADDRESS CITY-ST-ZIP	5717 NW 74TH AVE TAMARAC FL 33321		STREET ADDRESS CITY-ST-ZIP		-			
12 barabu a	and the shall be defined as a second of the same	- Piller - Jane - 18 - 18 - 18 - 1	<u> </u>					

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.

4-22-03

954 752-5128