

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 19, 2002 8:00 am**  
**Secretary of State**

0019109

**DOCUMENT # 756853**

1. Entity Name

**MARGATE ITALIAN-AMERICAN CIVIC ASSOCIATION INC.**

05-19-2002 90185 009 \*\*\*\*61.25

Principal Place of Business

Mailing Address

% R SACCULLO  
 6840 NW 9 STREET  
 MARGATE FL 33063  
 US

% R SACCULLO  
 6840 NW 9 STREET  
 MARGATE FL 33063  
 US

2. Principal Place of Business

3. Mailing Address

40 Frank B. Talerico

40 Frank B. Talerico

Suite, Apt. #, etc.

Suite, Apt. #, etc.

6710 NW 23 ST

6710 NW 23 ST

City & State

City & State

MARGATE, FL

MARGATE, FL

Zip

Country

Zip

Country

33063

USA

33063

USA



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-2347405

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

SACCULLO, RUTH  
 6840 NW 9 ST  
 MARGATE FL 33063

Name Frank B. Talerico

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

6710 NW 23 ST

City

MARGATE

FL

Zip Code

33063

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

*[Handwritten Signature]*

4/24/02

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 Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD  
 NAME INZALCO, CHARLES  Delete  
 STREET ADDRESS 4710 NW 44 CT  
 CITY-ST-ZIP MARGATE FL 33063

TITLE PD  
 NAME De Souza, Luis  Change  Addition  
 STREET ADDRESS 6550 Royal Palm Blvd.  
 CITY-ST-ZIP MARGATE, FL 33063

TITLE VP  
 NAME AMENDOLA, THOMAS  Delete  
 STREET ADDRESS 6722 NW 3 STREET  
 CITY-ST-ZIP MARGATE FL 33063

TITLE VP  
 NAME AMENDOLA, THOMAS  Change  Addition  
 STREET ADDRESS 6722 NW 3 STREET  
 CITY-ST-ZIP MARGATE, FL 33063

TITLE SEC  
 NAME CIEF, MARY  Delete  
 STREET ADDRESS 7708 MARGATE BLVD  
 CITY-ST-ZIP MARGATE FL 33063

TITLE SEC  
 NAME TALERICO, FRANK B.  Change  Addition  
 STREET ADDRESS 6710 NW 23 ST  
 CITY-ST-ZIP MARGATE, FL 33063

TITLE T  
 NAME SACCULLO, RUTH  Delete  
 STREET ADDRESS 6840 NW 9 ST  
 CITY-ST-ZIP MARGATE FL 33063

TITLE T  
 NAME TALERICO, FRANK B.  Change  Addition  
 STREET ADDRESS 6710 NW 23 ST  
 CITY-ST-ZIP MARGATE, FL 33063

TITLE D  
 NAME SACCULLO, NAT  Delete  
 STREET ADDRESS 6840 NW 9 ST  
 CITY-ST-ZIP MARGATE FL 33063

TITLE D  
 NAME PAPA, LUCY  Change  Addition  
 STREET ADDRESS 6795 NW 14 Place  
 CITY-ST-ZIP MARGATE, FL 33063

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  Change  Addition

12. 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 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: *[Handwritten Signature]* Talerico 4/24/02 954-583-770

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (9/01)