

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 10, 2003 8:00 am**  
**Secretary of State**

03-10-2003 90167 033 \*\*\*150.00

**DOCUMENT # F01000001788**

1. Entity Name  
**AMALFI ASSOCIATES, INC.**



Principal Place of Business  
**12 GILFORD EAST DRIVE  
GILFORD NH 03246**

Mailing Address  
**12765 FOREST HILL BLVD  
SUITE 1302  
WELLINGTON FL 33414**

2. Principal Place of Business

3. Mailing Address  
**12 Gilford East Drive**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State  
**Gilford, New Hampshire**

4. FEI Number  
**04-2705704**

Applied For

Not Applicable

Zip

Country

Zip

Country

**03246**

**US**

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**DE MENDOZA, MARIO G III, ESQ  
C/O MENDOZA AND CALLAS  
251 ROYAL PALM WAY, SUITE 602  
PALM BEACH FL 33480**

Name  
**Mario G. de Mendoza, III, P.A.**  
Street Address (P.O. Box Number is Not Acceptable)  
**12765 Forest Hill Boulevard, Suite 1302**  
City  
**Wellington** FL Zip Code  
**33414**

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 *[Signature]* **Mario G. de Mendoza, III, President**

01/15/03

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2003 Fee will be \$550.00  
Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	CP AMALFITANO, MICHAEL L 12 GILFORD EAST DRIVE GILFORD NH 03246	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S HONIG, STEPHEN M 265 FRANKLIN STREET BOSTON MA 02110-3192	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	C Amalfitano, Michael L 12 Gilford East Drive Gilford, New Hampshire 03246	<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	P Messina, Joseph 73 Park Avenue Bloomfield, New Jersey 07003	<input type="checkbox"/> Change <input checked="" 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
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 607, 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: *[Signature]* **Michael L. Amalfitano, Chairman**

(603) 524-3056

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)