

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2008 08:00 AM
Secretary of State

DOCUMENT # F03000001547

1. Entity Name
ITAL-UIL-USA, INC.



Principal Place of Business
660 LINTON BLVD
SUITE 209
DELRAY BEACH, FL 33444

Mailing Address
660 LINTON BLVD
SUITE 209
DELRAY BEACH, FL 33444



04252008 No Chg-NP

CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number
11-2860716

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

CANNONE, MARGARET
660 LINTON BLVD., SUITE 209
DELRAY BEACH, FL 33444

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IN THIS SPACE**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

U00000937525
05/27/08-80053-013 61.25

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
P
GILLS, JOHN
31 W. 15TH STREET
NEW YORK, NY 10011

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
V
PORTO, DINO
31 W 15TH ST
NEW YORK, NY 10011

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
T
LACARBONARA, LOUIS
31 W 15TH ST
NEW YORK, NY 10011

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
S
FRONTERRE, SALVATORE
31 W 15TH STREET
NEW YORK, NY 10011

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/28/08 (718) 236-1625
Date Daytime Phone #