

**2002 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Jul 15, 2002 8:00 am**  
**Secretary of State**

07-15-2002 90193 021 \*\*\*150.00

**DOCUMENT # J14093**

1. Entity Name  
**ITALIANO IMPORTS COMPANY, INC.**

Principal Place of Business: **1920 HOLLYWOOD BLVD HOLLYWOOD FL 33020**  
 Mailing Address: **1920 HOLLYWOOD BLVD HOLLYWOOD FL 33020**

**B0129281**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business: **45 NE 39 STREET**  
 3. Mailing Address: **PO BOX 370565**

City & State: **MIAMI FLORIDA**  
 City & State: **MIAMI FLORIDA**  
 Zip: **33137** Country: **USA**  
 Zip: **33137** Country: **USA**

4. FEI Number: **59-2687167**  
 Applied For:  Not Applicable

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

6. Name and Address of Current Registered Agent  
**LAWITSCHKA, RENIER**  
**1920 HOLLYWOOD BLVD.**  
**HOLLYWOOD FL 33020**

7. Name and Address of New Registered Agent  
 Name: **LAWITSCHKA REINER**  
 Street Address (P.O. Box Number is Not Acceptable): **45 NE 39 STREET**  
 City: **MIAMI** FL Zip Code: **33137**

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: *Ruth Lawitschka* DATE: **7-09-02**  
Signature, typed or printed name of registered agent and the filer. (NOTE: Registered Agent Signature Required when certifying)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.   
**FILE NOW!!! FEE IS \$550.00**  
**After September 13, 2002 Fee will be \$750.00**  
**Make Check Payable to Department of State**

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

11. OFFICERS AND DIRECTORS	
TITLE: <b>DP</b> NAME: <b>LAWITSCHKA, RUTH</b> STREET ADDRESS: <b>1920 HOLLYWOOD BLVD.</b> CITY-ST-ZIP: <b>HOLLYWOOD FL</b>	<input checked="" type="checkbox"/> Delete <b>CHANGE OF ADDRESS</b>
TITLE: <b>DVS</b> NAME: <b>LAWITSCHKA, REINER</b> STREET ADDRESS: <b>1920 HOLLYWOOD BLVD.</b> CITY-ST-ZIP: <b>HOLLYWOOD FL</b>	<input checked="" type="checkbox"/> Delete <b>CHANGE OF ADDRESS</b>
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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE: <b>DP</b> NAME: <b>LAWITSCHKA RUTH</b> STREET ADDRESS: <b>45 NE 39 ST.</b> CITY-ST-ZIP: <b>MIAMI FL 33137</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: <b>DVS</b> NAME: <b>LAWITSCHKA REINER</b> STREET ADDRESS: <b>45 NE 39 ST.</b> CITY-ST-ZIP: <b>MIAMI FL 33137</b>	<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
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

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowerments.

SIGNATURE: *Ruth Lawitschka*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: **7-9-02** Daytime Phone #: **305 573-2223**

CR2E034 (4/02)

Attachment

J14093

Italiano Imports  
P.O. Box 370565  
Miami Florida 33137-0565

To whom it may concern:

Please note we never received a corporation renewal form  
for 2002 before this notice.

We called and spoke to Madeline who advised us to send a  
letter explaining what happened and enclosing a check for t  
the original amount of \$150.00.

Enclosed please find check#5253 for that amount.

Thank you very much.



Ruth Lawitschka  
President