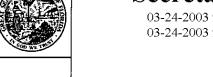
## **2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)**

## K74107 **DOCUMENT #**



## **FILED** Mar 24, 2003 8:00 am Secretary of State



SAVINO DEL BENE (FLORIDA), INC.							03-24-2003 90973 001 *****8.75 03-24-2003 90973 002 ***150.00				
Principal Pla 8218 NW 141 MIAMI FL 33		s	8218 NW 14	Mailing Address 8218 NW 14TH STREET MIAMI FL 33126							
9 Primpinal	Diago of Duni		Lo Maille A	aldra a							
2. Principai :	Place of Busin	ness	3. Mailing A	3. Mailing Address							
Suite, Apt. #, etc.			Suite, Apt	Suite, Apt. #, etc.			CHECK HERE IF MAKING CHANGES				
City & State			City & Sta	City & State			4. FEI Number 65-0112485			Applied For Not Applicable	
Zip Country		Zip	Zip Coun		5. Certificate of Status Desire		X	\$8.75 Add Fee Require			
6. Name and Address of Current Registered Agent					7. Name and Address of New Registered Agent						
						Name					
BARUT, JOHN					Street Address (P.O. Box Number is Not Acceptable)						
8218 NW 14TH STREET											_
MIAMI FL	. 33126	المحارف بالإستنياء	/		سے میت		والمنافعة المنافعة المنافعة المنافعة	وسمجمع سي		· · · · · · · · · · · · · · · · · · ·	
					City			FL	Zip Cod	9	1
			t for the purpose of	changing its regis	stered office or	registered a	agent, or both, in the State of F	lorida. I am i	familiar with,	and accept	1
the obliga	itions of regist	tered agent.			1			2.4			
SIGNATURE	Signature, typed	or printed name of registered ag	ent and title if applicable.		Stered Agent signat		PRESIDENT reinstating)	3 - 1 1	9-03	<del></del>	
FILE NOW!!! FEE IS \$150.00  After May 1, 2003 Fee will be \$550.00  Make Check Payable to Florida Department of State							Election Campaign F     Trust Fund Contribut	· -		<b>0</b> May Be to Fees	
<b>-10</b> .		OFFICERS AN	ND DIRECTORS	<b>[</b> 1	11.	A	ADDITIONS/CHANGES TO OF	FICERS AND	DIRECTORS	S IN 11	1 .
TITLE	S			☐ Delete	TITLE	V			Change	🔀 Addition	5
NAME	OCCASO,				NAME		NA, GIORGIO				190
STREET ADDRESS CITY-ST-ZIP	MIAMI FL	14TH STREET 33126			STREET ADDRESS CITY-ST-ZIP		0 183rd Stree CA NY 11413	t			6
TITLE	P	00120			TITLE	S	CA HI TITIS		Change	Addition	18
NAME	BARUT, J	OHN	·		NAME		O, FILIPPO				١
STREET ADDRESS		14TH STREET			STREET ADDRESS		0 183RD STREE	T			
CITY-ST-ZIP	MIAMI FL	33126			CITY-ST-ZIP	JAMAI	CA NY 11413				1
TITLE	٧		Ċ		TITLE				☐ Change	Addition	
NAME	MACUCCI			•	NAME						İ
STREET ADDRESS CITY-ST-ZIP	MIAMI FL	14TH STREET			STREET ADDRESS CITY-ST-ZIP						
TITLE	T	30120	Г		TITLE				☐ Change	Addition	1
NAME	KIENTZ, G	IOVANNA M	_		NAME				_ •	<del></del>	
STREET ADDRESS		14TH STREET			STREET ADDRESS						
CITY-ST-ZIP	MIAMI FL	33126			CITY-ST-ZIP						;├
TITLE					TITLE				☐ Change	Addition	
NAME STREET ADDRESS					NAME Street address						
CITY-ST-ZIP					CITY-ST-ZIP				•		}
TITLE			. Г		TITLE	· · · · · · · · · · · · · · · · · ·			☐ Change	☐ Addition	1
NAME									0		
				<b>=</b> 1	NAME						1
STREET ADDRESS					NAME Street Address						

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:** 

J<del>OHN</del> BARUT,

PRESIDENT 3-19-03

(305)463-8844