

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 15, 2002 8:00 am
Secretary of State

05-15-2002 90161 003 ****61.25

DOCUMENT # N00000001607

1. Entity Name

SONS OF ITALY GREATER MIAMI LODGE #2737 CORP.

Principal Place of Business

Mailing Address

8354 NW 55TH CT.
 CORAL SPRINGS FL 33067

8354 NW 55TH CT.
 CORAL SPRINGS FL 33067

2. Principal Place of Business

3420 N.E. 165 ST.

3. Mailing Address

3420 N.E. 165 ST.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

NORTH MIAM. BEACH FL.

City & State

NORTH MIAMI BEACH

Zip

33160

Country

USA

Zip

33160

Country

USA

4. FEI Number

59-2715117

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

GATTUSO, SAL.
8354 NW 55 CT.
CORAL SPRINGS FL 33067

7. Name and Address of New Registered Agent

Name

BRUCE LAMBERTO

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

3420 NE 165 ST.

NORTH MIAMI BEACH

City

FL

Zip Code

33160

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

16 APRIL 02

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

TITLE	PD	☒ Delete
NAME	SECANDO, RALPH	
STREET ADDRESS	13745 NW 1ST AVE	
CITY-ST-ZIP	MIAMI BEACH FL 33168	
TITLE	VPD	☒ Delete
NAME	LEHRMAN, SHELIA DUFFY	
STREET ADDRESS	3090 ALTON RD	
CITY-ST-ZIP	MIAMI BEACH FL 33140	
TITLE	0.	☒ Delete
NAME	VALENTI, THOMAS	
STREET ADDRESS	1717 N. BAYSHORE DR	
CITY-ST-ZIP	MIAMI FL 33132	
TITLE	RS	☒ Delete
NAME	SESSA, CASSANDRA	
STREET ADDRESS	282 ATLANTIC ISLES	
CITY-ST-ZIP	MIAMI BEACH FL 33160	
TITLE	TD	☒ Delete
NAME	DELIA, ANITA	
STREET ADDRESS	3750 NE 170TH ST	
CITY-ST-ZIP	NORTH MIAMI BEACH FL 33160	
TITLE	T	☐ Delete
NAME	SECANDO, DOMENICO	
STREET ADDRESS	13725 NW 1ST AVE	
CITY-ST-ZIP	MIAMI FL 33168	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	☒ Change ☐ Addition
NAME	LAMBERTO, BRUCE	
STREET ADDRESS	3420 N.E. 165 ST.	
CITY-ST-ZIP	NORTH MIAMI BEACH FL. 33160	
TITLE	VPD	☒ Change ☐ Addition
NAME	PAGELLA, ANTHONY	
STREET ADDRESS	2020 N. HIBISCUS DR.	
CITY-ST-ZIP	NORTH MIAMI, FL. 33181	
TITLE	T	☐ Change ☐ Addition
NAME	SCARAMIELLO, JOE	
STREET ADDRESS	14040 NE 10th AVE	
CITY-ST-ZIP	N. MIAMI, FL. 33161	
TITLE	FS	☐ Change ☐ Addition
NAME	ANITA RICCI	
STREET ADDRESS	230 NE 174th ST.	
CITY-ST-ZIP	SUNNY ISLES BEACH, FL. 33160	
TITLE	TD	☒ Change ☐ Addition
NAME	TERESA LAMBERTO	
STREET ADDRESS	330 N.E. 165 ST.	
CITY-ST-ZIP	NORTH MIAMI BEACH, FL. 33160	
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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:

SIGNATURE REQUIRED

16 OCT 02

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2037 (9/01)