

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 30, 2003 8:00 am
Secretary of State

04-30-2003 90136 050 ****61.25

DOCUMENT # N00000003738

1. Entity Name

CASA PER I BAMBINI FOUNDATION, INC.



Principal Place of Business

**10529 SANTA LAGUNA DR
BOCA RATON FL 33428**

Mailing Address

**10529 SANTA LAGUNA DR
BOCA RATON FL 33428**

11029751

2. Principal Place of Business

5501 LAKESIDE DRIVE

3. Mailing Address

5501 LAKESIDE DRIVE

Suite, Apt. #, etc.

APT. 202

Suite, Apt. #, etc.

APT 202

City & State

MARGATE, FLORIDA

City & State

MARGATE, FLORIDA

Zip

33063

Country

USA

Zip

33063

Country

USA

☒ CHECK HERE IF MAKING CHANGES

4. FEI Number **65-1012054**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**PIRANO, GIACOMO R
10529 SANTA LAGUNA DR
BOCA RATON FL 33428**

7. Name and Address of New Registered Agent

Name

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

5501 LAKESIDE DRIVE

APT 202

City

MARGATE

FL

Zip Code

33063

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

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE **D** ☐ Delete
NAME **MARTINO, JOHN**
STREET ADDRESS **304 NASON LANE**
CITY-ST-ZIP **NAPLES FL 34112**

TITLE **D** ☐ Delete
NAME **CUNNINGHAM, JIM**
STREET ADDRESS **5487 PINE LANE**
CITY-ST-ZIP **POMPANO BEACH FL 33067**

TITLE **PD** ☐ Delete
NAME **PIRANO, GIACOMO REMO**
STREET ADDRESS **10529 SANTA LAEJNA DR**
CITY-ST-ZIP **BOCA RATON FL 33428**

TITLE **D** ☐ Delete
NAME **SIEGEL, RICHARD**
STREET ADDRESS **45065 S. OCEAN BLVD. #1106**
CITY-ST-ZIP **BOCA RATON FL 33487**

TITLE **D** ☐ Delete
NAME **LEE, DONNA**
STREET ADDRESS **5384 FOX VALLEY TRAIL**
CITY-ST-ZIP **LAKE WORTH FL 33463**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **5501 LAKESIDE DRIVE, APT. 202**
CITY-ST-ZIP **MARGATE, FLORIDA 33063**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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)(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 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

4/26/03

954-969-1717

CR2E037 (10/02)