

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 13, 2001 8:00 am**  
**Secretary of State**

03-13-2001 90087 005 \*\*\*\*61.25

**DOCUMENT # N00000003882**

1. Entity Name

**CIRCOLO CULTURALE ITALIANO, INC.**

Principal Place of Business

Mailing Address

**3280 COVE ROAD  
 TEQUESTA FL 33469**

**3280 COVE ROAD  
 TEQUESTA FL 33469**

2. Principal Place of Business

**185 E INDIANTOWN RD**

3. Mailing Address

**185 E INDIANTOWN RD**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**130**

**130**

City & State

**JUPITER FL**

City & State

**JUPITER FL**

Zip

Country

Zip

Country

**33477**

**33477**

4. FEI Number

**65-1020597**

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional  
 Fee Required**

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**DEL PRESTITO, HUGO  
 3280 COVE ROAD  
 TEQUESTA FL 33469**

7. Name and Address of New Registered Agent

Name **VINCENT PERRATORE**

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

**501 OCEAN DUNES CR**

City

**JUPITER**

**FL**

Zip Code

**33477**

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]*

**VINCENT PERRATORE**

**3/7/01**

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  
 Department of State**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD DEL PRESTITO, HUGO 3280 COVE ROAD TEQUESTA FL 33469	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD PERRAZORE, VINCENZO 501 OCEAN DUNE CIRCLE JUPITER FL 33477	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD GILBERTI, EZIO 4300 SO. US HIGHWAY ONE #206 JUPITER FL 33477	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD GARGANO, GIUSEPPE 18081 SE COUNTRY CL DR #450 TEQUESTA FL 33469	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	JOE CHIRICO 10143 ASPEN WAY PALM BEACH GARDEN FL 33410	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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
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

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]* **VINCENT PERRATORE**

**3/7/01**

**625-9344**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)