

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N00000005507

1. Entity Name

ITALIAN AMERICAN CULTURAL CENTER INC.

FILED  
Jan 20, 2001 8:00 am  
Secretary of State

0036552

01-20-2001 90005 026 \*\*\*\*61.25

900425



DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address		
4020 WEST PALM AIRE DRIVE STE 411 POMPANO BEACH FL 33069			
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent			
<b>DE RISIO, ROMEO</b> <b>4020 WEST PALM AIRE DRIVE STE 411</b> <b>POMPANO BEACH FL 33069</b>			
7. Name and Address of New Registered Agent			
Name Street Address (P.O. Box Number is Not Acceptable)  City <b>FL</b> Zip Code			

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 \_\_\_\_\_

FILE NOW: FEE IS \$61.25	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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		TITLE NAME STREET ADDRESS CITY-ST-ZIP	11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
<b>DP</b> <b>DE RISIO, ROMEO</b> <b>4020 WEST PALM AIRE DRIVE STE 411</b> <b>POMPANO BEACH FL 33069</b>		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<b>DV</b> <b>WAINER, SERGE R</b> <b>9836 NW 56 PLACE</b> <b>CORAL SPRINGS FL 33076</b>	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<b>DST</b> <b>MARCHER, ROSWITHA</b> <b>4020 WEST PALM AIRE DRIVE STE 411</b> <b>POMPANO BEACH FL 33069</b>	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	<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: *R. De Risi* (Signature Rec'd R. De Risi)

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-10-01/954-6471283  
Daytime Phone #

CR2E037 (10/00)