

FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
**Mar 03, 1999 8:00 am**  
**Secretary of State**

03-03-1999 90051 036 \*\*\*\*61.25

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**DOCUMENT # N01722**

1. Corporation Name

**CORAL GABLES CHAPTER OF UNICO NATIONAL, INC.**

Principal Place of Business

**%RICK G. CIRAVOLO**  
**1605 NETHIA DR.**  
**MIAMI FL 33133**  
**US**

Mailing Address

**%RICK G. CIRAVOLO**  
**1605 NETHIA AVE.**  
**MIAMI FL 33133**  
**US**



2. Principal Place of Business

**21** Suite, Apt. #, etc.

**22** City & State

**23** Zip

**24** Country

2a. Mailing Address

**26** Suite, Apt. #, etc.

**27** City & State

**28** Zip

**29** Country

3. Date Incorporated or Qualified

**02/29/1984**

4. FEI Number

**74-6052440**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Election Campaign Financing ☐

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

9. Name and Address of Current Registered Agent

**CIRAVOLO, RICK G.**  
**1605 NETHIA DR.**  
**MIAMI FL 33133**

10. Name and Address of New Registered Agent

**81** Name

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

**83**

**84** City

**FL**

**85** Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **VPD** ☐ DELETE  
NAME **ROMANO, ANTHONY**  
STREET ADDRESS **3176 SW 27TH AVE**  
CITY-ST-ZIP **MIAMI FL 33133**

TITLE **VPD** ☐ DELETE  
NAME **CONSTANTINO, VINCENZO**  
STREET ADDRESS **6446 SW 39TH TERRACE**  
CITY-ST-ZIP **MIAMI FL 33155**

TITLE **PD** ☐ DELETE  
NAME **LEWIS, JAY**  
STREET ADDRESS **9250 S. DADELAND BLVD., #606**  
CITY-ST-ZIP **MIAMI FL 33156**

TITLE **SD** ☐ DELETE  
NAME **SALVATORE, FRAN**  
STREET ADDRESS **9745 SW 90TH AVE**  
CITY-ST-ZIP **MIAMI FL 33176**

TITLE **TD** ☐ DELETE  
NAME **LA MARCA, THOMAS**  
STREET ADDRESS **45008 NW 49TH AVE**  
CITY-ST-ZIP **MIAMI FL**

TITLE **SSD** ☐ DELETE  
NAME **FACCILOLO, V S**  
STREET ADDRESS **9400 SW 146TH ST**  
CITY-ST-ZIP **MIAMI FL**

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE ☒ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

*P.O. Box 17-1438*  
*MIAMI, FL. 33017-1438*

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

**SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

*1/7/99*

*3056701433*

CR2E037 (1/198)