

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N01722

1. Entity 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 33133-2511  
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

74-6052440

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name

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

City

FL

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. ☐

\$5.00 May Be  
Added to Fees

Make Check Payable to  
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	VPD	<input type="checkbox"/> Delete
NAME	ROMANO, ANTHONY	
STREET ADDRESS	3176 SW 27TH AVE	
CITY-ST-ZIP	MIAMI FL 33133	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	CONSTANTINO, VINCENZO	
STREET ADDRESS	6446 SW 39TH TERRACE	
CITY-ST-ZIP	MIAMI FL 33155	
TITLE	PD	<input type="checkbox"/> Delete
NAME	LEWIS, JAY	
STREET ADDRESS	9250 S. DADELAND BLVD., #606	
CITY-ST-ZIP	MIAMI FL 33156	
TITLE	SD	<input type="checkbox"/> Delete
NAME	SALVATORE, FRAN	
STREET ADDRESS	9745 SW 90TH AVE	
CITY-ST-ZIP	MIAMI FL 33176	
TITLE	TD	<input type="checkbox"/> Delete
NAME	LA MARCA, THOMAS	
STREET ADDRESS	P.O. BOX 171438	
CITY-ST-ZIP	MIAMI FL 78017-1488	
TITLE	SSD	<input type="checkbox"/> Delete
NAME	FACCIOLO, V S	
STREET ADDRESS	9400 SW 146TH ST	
CITY-ST-ZIP	MIAMI FL	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this report 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED  
May 08, 2000 8:00 am  
Secretary of State

05-08-2000 90142 015 \*\*\*\*61.25

AJ056618



DO NOT WRITE IN THIS SPACE

CR2E037 (9/99)