

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 17, 2001 8:00 am**  
**Secretary of State**  
 05-17-2001 91348 040 \*\*\*\*61.25

0038711

**DOCUMENT # NO1722**

1. Entity Name

**MIAMI CHAPTER OF UNICO NATIONAL, INC.**

Principal Place of Business

Mailing Address

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

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

2. Principal Place of Business

3. Mailing Address

**% LOUIS A. SABIA**

**% LOUIS A. SABIA**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**1206 MENDAVIA**

**1206 MENDAVIA**

City & State

City & State

**CORAL GABLES, FL**

**CORAL GABLES, FL**

Zip

Country

Zip

Country

**33146**

**USA**

**33146**

**USA**

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

TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SABIA, LOUIS A.	
STREET ADDRESS	1206 MENDAVIA AVE	
CITY-ST-ZIP	CORAL GABLES, FL 33146	
TITLE	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	YANNO, ROBERT J.	
STREET ADDRESS	4220 UNIVERSITY DRIVE	
CITY-ST-ZIP	CORAL GABLES, FL 33146	
TITLE	VPD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MARTUCCI, JOSEPH C.	
STREET ADDRESS	1364 ALEGRIANO AVE	
CITY-ST-ZIP	CORAL GABLES, FL 33146	
TITLE	DG	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LUDOVICI, PHILIP F.	
STREET ADDRESS	17415 S. DIXIE HWY	
CITY-ST-ZIP	MIAMI, FL 33157-5434	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LEWIS, JAY	
STREET ADDRESS	9250 S. DADELAND BLVD. #606	
CITY-ST-ZIP	MIAMI, FL 33176	
TITLE	POLEY, JON	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	POLEY, JON	
STREET ADDRESS	5715 SW 130th ST.	
CITY-ST-ZIP	PINECREST, FL 33156	

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**

**4/6/01 305**  
**575-5876**

CR2E037 (10/00)