

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N01722

1. Entity Name

MIAMI CHAPTER OF UNICO NATIONAL, INC.

FILED

May 28, 2002 8:00 am
Secretary of State

05-28-2002 90720 002 ****61.25

Principal Place of Business

Mailing Address

%LOUIS A SABIA
1206 MENDANA
MIAMI FL 33146
US

%LOUIS A SABIA
1206 MENDANA
MIAMI FL 33146
US

2. Principal Place of Business

% PHIL LUDOVICI, ESQ

3. Mailing Address

% PHIL LUDOVICI, ESQ

Suite, Apt. #, etc.

Suite, Apt. #, etc.

17415 South Dixie Highway

17415 South Dixie Highway

City & State

City & State

MIAMI, FL

MIAMI, FL

Zip

Country

Zip

Country

33157-5434

USA

33157-5434

USA

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.

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\$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 NAME STREET ADDRESS CITY-ST-ZIP	BO SABIA, LOUIS A 1206 MENDAVIA AVE CORAL GABLES FL 33146	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD YANNO, ROBERT J 4220 UNIVERSITY DR CORAL GABLES FL 33146	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LEWIS, JAY 9250 S. DADELAND BLVD., #606 MIAMI FL 33156	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD MARTUCCI, JOESPH C 1364 ALEGRIANO AVE MIAMI FL 33146	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	BO PD LUDOVICI, PHILIP F 17415 S. DIXIE HWY MIAMI FL 33157-5434	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D POLET, JON 6715 SW 130TH ST PINECREST FL 33156	<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIRECTOR SABIA, LOUIS A 1206 MENDAVIA AVE CORAL GABLES, FL 33146	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT/DIRECTOR LUDOVICI, PHILIP F 17415 SOUTH DIXIE HIGHWAY MIAMI, FL 33157	<input checked="" 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
ROBERT J. YANNO

Treas
Director 4/30/01 305 661-2615
Date Daytime Phone #

CR2E037 (9/01)