

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Sep 13, 2004 8:00 am
Secretary of State

09-13-2004 90002 046 ****61.25

DOCUMENT # N01722

1. Entity Name

MIAMI CHAPTER OF UNICO NATIONAL, INC.



Principal Place of Business

C/O PHIL LUDOVICI ESO
17415 SOUTH DIXIE HIGHWAY
MIAMI FL 33157-5435
US

Mailing Address

C/O PHIL LUDOVICI ESO
17415 SOUTH DIXIE HIGHWAY
MIAMI FL 33157-5435
US

54072605



MOORE

CR2E037 (4/04)

2. Principal Place of Business

80 S.W. 8 Street

3. Mailing Address

80 S.W. 8 Street

Suite, Apt. #, etc.

Suite 2550

Suite, Apt. #, etc.

Suite 2550

City & State

Miami, Florida

City & State

Miami, Florida

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

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

7. Name and Address of New Registered Agent

Name
Vincent E. Damian, Jr.
Street Address (P.O. Box Number is Not Acceptable)

80 S.W. 8 Street, Suite 2550

City
Miami

FL

Zip Code
33130

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. I am familiar with, and accept the obligations of registered agent.

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
Due By September 8, 2004

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
SABIA, LOUIS A
1206 MENDAVIA AVE
CORAL GABLES FL 33146 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
TD
YANNO, ROBERT J
4220 UNIVERSITY DR
CORAL GABLES FL 33146 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VPD
MARTUCCI, JOESPH C
1364 ALEGRIANO AVE
MIAMI FL 33146 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PD
LUDOUICI, PHILIP F
17415 S. DIXIE HWY
MIAMI FL 33157-5434 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
POLET, JON
6715 SW 130TH ST
PINECREST FL 33156 ☒ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Treasurer / Director ☒ Change ☐ Addition
Louis A. Sabia
1206 Mendavia Avenue
Coral Gables, FL 33146

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Director ☒ Change ☐ Addition
Robert J. Yanno
4220 University Drive
Coral Gables, FL 33146

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Secretary / Director ☒ Change ☐ Addition
Jay Lewis
9250 S. Dadeland Blvd., Suite 606
Miami, FL 33156

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VP / Director ☐ Change ☒ Addition
Salvatore Geraci
1251 Mariola Court
Coral Gables, FL 33134

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
President / Director ☐ Change ☒ Addition
Vincent E. Damian, Jr.
80 S.W. 8 Street, Suite 2550
Miami, FL 33130

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VP / Director ☐ Change ☒ Addition
Joseph Luchese
9840 S.W. 103 Street
Miami, FL 33134

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

Date

Daytime Phone #