

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 25, 2003 8:00 am
Secretary of State

04-25-2003 90249 031 ****61.25

DOCUMENT # N02000004506

1. Entity Name
**DOMINGO LIOTTA INTERNATIONAL FOUNDATION,
MEDICAL, CORP.**



Principal Place of Business
**3440 HOLLYWOOD BLVD, STE 360
HOLLYWOOD, FL 33021**

Mailing Address
**3440 HOLLYWOOD BLVD, STE 360
HOLLYWOOD, FL 33021**

11021340

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

16-1620715

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**ROTH, LEONARDO A ESQ
3440 HOLLYWOOD BLVD, STE 360
HOLLYWOOD, FL 33021**

7. Name and Address of New Registered Agent

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

SIGNATURE

Signature typed or printed name of registered agent and fee T applicable

Typed Registered Agent signature required when handwritten

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
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	NAME	STREET ADDRESS	CITY-STATE-ZIP	☐ Delete
PSD	LIOTTA, CARLOS A	3440 HOLLYWOOD BLVD, STE 360	HOLLYWOOD, FL 33021	☐
VTD	LIOTTA, DOMINGO SANTO	3440 HOLLYWOOD BLVD, STE 360	HOLLYWOOD, FL 33021	☐
D	LIOTTA, DOMINGO JR	3440 HOLLYWOOD BLVD, STE 360	HOLLYWOOD, FL 33021	☐
D	TRONCOSO, OLGA E	3440 HOLLYWOOD BLVD, STE 360	HOLLYWOOD, FL 33021	☐
D	MARTINGANO, ROBERTO O	3440 HOLLYWOOD BLVD, STE 360	HOLLYWOOD, FL 33021	☐
D	LIOTTA, MARIA OLGA	3440 HOLLYWOOD BLVD, STE 360	HOLLYWOOD, FL 33021	☐

TITLE	NAME	STREET ADDRESS	CITY-STATE-ZIP	☐ Change	☐ Addition
				☐	☐
				☐	☐
				☐	☐
				☐	☐
				☐	☐

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 149.07(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 #

04-17-03 3052432462

TOTAL P. 02

CR2E037 (1/02)