

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 02, 2005 8:00 am**  
**Secretary of State**

03-02-2005 90084 043 \*\*\*\*61.25

**DOCUMENT # N03000009778**

1. Entity Name  
**THE NATIONAL ITALIAN AMERICAN BAR ASSOCIATION -  
MIAMI CHAPTER, INC.**



Principal Place of Business  
**% LOUIS A. VUCCI, ESQ.  
2801 PONCE DE LEON BLVD. 9TH FLOOR  
MIAMI, FL 33134**

Mailing Address  
**% LOUIS A. VUCCI, ESQ.  
2801 PONCE DE LEON BLVD. 9TH FLOOR  
MIAMI, FL 33134**

**50021558**



**DO NOT WRITE IN THIS SPACE**

02212005 No Chg-NP

CR2E037 (10/03)

4. FEI Number  
**33-1075081**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

**VUCCI, LOUIS A ESQ.  
2801 PONCE DE LEON BLVD.  
9TH FLOOR  
MIAMI, FL 33134**

**DO NOT WRITE  
IN THIS SPACE**

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

**Filing Fee is \$61.25  
Due by May 1, 2005**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE: T  
NAME: **VUCCI, LOUIS PONCE**  
STREET ADDRESS: **2801 PONCE DE LEON BLVD., FLOOR 9**  
CITY-ST-ZIP: **CORAL GABLES, FL 33134**

TITLE: S  
NAME: **DAWN DENARO**  
STREET ADDRESS: **1350 NW 12 AVE**  
CITY-ST-ZIP: **MIAMI, FL 33136**

TITLE: VP  
NAME: **NINA VALENZIO**  
STREET ADDRESS: **1350 NW 12 AVE**  
CITY-ST-ZIP: **MIAMI, FL 33136**

TITLE:  
NAME:  
STREET ADDRESS:  
CITY-ST-ZIP:

TITLE:  
NAME:  
STREET ADDRESS:  
CITY-ST-ZIP:

TITLE:  
NAME:  
STREET ADDRESS:  
CITY-ST-ZIP:

**DO NOT WRITE  
IN THIS SPACE**

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

**LOUIS VUCCI, TREASURER**

**2/22/05**

Date

**305-445-4090**

Daytime Phone #