

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

FILED
Apr 09, 2003 8:00 am
Secretary of State

04-09-2003 90152 050 ****61.25

DOCUMENT # N24725

1. Entity Name

ASSOCIAZIONE LIGURI NEL MONDO-FLORIDA, INC.



Principal Place of Business

C/O ATTILIO M. COSTABEZ
14 NE 1ST AVE #1105-1
MIAMI FL 33132
US

Mailing Address

C/O ATTILIO M. COSTABEZ
14 NE 1ST AVE
MIAMI FL 33132
US

2. Principal Place of Business

169 EAST FLAGLER

3. Mailing Address

169 EAST FLAGLER

Suite, Apt. #, etc.

***1701**

Suite, Apt. #, etc.

***1701**

City & State

MIAMI FL

City & State

MIAMI FL

Zip

33131

Country

USA

Zip

33131

Country

USA

4. FEI Number **65-0049726**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

ATTILIO M COSTABEL
14 NE 1ST AVE
MIAMI FL 33132

7. Name and Address of New Registered Agent

Name **ATTILIO M. COSTABEL**

Street Address (P.O. Box Number is Not Acceptable)

12324 ROCK GARDEN LANE

City

MIAMI

FL

Zip Code

33156

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]

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
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE **PD** ☐ Delete
NAME **COSTABEL, ATTILIO M.**
STREET ADDRESS **80 SW 8TH STREET S-2047**
CITY-ST-ZIP **MIAMI FL**

TITLE **D** ☐ Delete
NAME **AMUDSEN, RITA**
STREET ADDRESS **151 CRANDON BLVD.**
CITY-ST-ZIP **KEY BISCAYNE FL**

TITLE **D** ☐ Delete
NAME **DODERO, PIETRO**
STREET ADDRESS **6001 NE 19 AVE**
CITY-ST-ZIP **FT. LAUDERDALE FL**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

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

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

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 REQUIRED

[Signature]

PA

04-03-03

305-371-2618

CR2E037 (10/02)