FILED

2002 UNIFORM BUSINESS REPORT (UBR)

Feb 25, 2002 8:00 am Secretary of State **DOCUMENT # N41793** THE ITALIAN AMERICAN SOCIAL CLUB OF PINE ISLAND 02-25-2002 90101 007 ****61.25 RIDGE INC. Principal Place of Business Mailing Address 9450 POINCIANA PL 9450 POINCIANA PL #306 #306 FT LAUDERDALE FL 33324 FT LAUDERDALE FL 33324 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For NOT APPLICABLE Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired \Box Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent GRAZIANO, PATRICIA Street Address (P.O. Box Number is Not Acceptable) 9450 POINCIANA PL 396 FT.LAUDERDALE FL 33324 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 9. Election Campaign Financing \$5.00 May Be Make Check Payable to FILE NOW: FEE IS \$61.25 Trust Fund Contribution. Added to Fees Department of State œ 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 TITLE ☐ Delete TITLE CR2E037 (9/01) [7] Change ☐ Addition LICASTRO, JOSEPH NAME NAME 1715 WHITEHALL DR #303 STREET ADDRESS STREET ADDRESS FT LAUDERDALE FL CITY-ST-7IP CITY-ST-ZIP VD Delete TITLE Change ☐ Addition MANGION, JOHN NAME NAME 1524 WHITEHALL DR #202 STREET ADDRESS STREET ADDRESS FT LAUDERDALE FL CITY-ST-ZIP CITY-ST-ZIP · OF ☐ Delete TITLE Change ☐ Addition GRAZIANO, ROCKY NAME 9450 POINCIANA PL #306 STREET ADDRESS STREET ADDRESS FT LAUDERDALE FL CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition GRAZIANO, PATRICIA NAME NAME 9450 POINCIANA PL #306 STREET ADDRESS STREET ADDRESS FT LAUDERDALE FL CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 trusfee 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: