

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N93000005147

1. Entity Name

DELLUTRI'S CHRISTMAS FOUNDATION, INC.

FILED
Jan 28, 2002 8:00 am
Secretary of State

01-28-2002 90059 050 ****70.00

Principal Place of Business

Mailing Address

225 NE 175 ST
N MIAMI BEACH FL 33162

225 NE 175 ST
N MIAMI BEACH FL 33162

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

65-0453261

Applied For

Not Applicable

5. Certificate of Status Desired



**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

DELLUTRI, MARIA E
225 NE 175 ST
N MIAMI BEACH FL 33162

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.

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
Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Delete
NAME DST
STREET ADDRESS DELLUTRI, MARIA ELENA
CITY-ST-ZIP 225 NE 175 ST
N MIAMI BEACH FL 33162

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

TITLE ☐ Delete
NAME CD
STREET ADDRESS DELLUTRI, SALVATORE
CITY-ST-ZIP 225 NE 175 ST
N MIAMI BEACH FL 33162

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

TITLE ☐ Delete
NAME P
STREET ADDRESS BOAN, CONNIE ARMAS
CITY-ST-ZIP 9730 GRIFFIN ROAD
COOPER CITY FL 33328

TITLE ☒ Change ☐ Addition
NAME P
STREET ADDRESS BOAN, CONNIE ARMAS
CITY-ST-ZIP 3115 S. University Drive
Davie, Florida 33328

TITLE ☐ Delete
NAME SVPD
STREET ADDRESS FERNANDEZ, FRANK
CITY-ST-ZIP 290 ALAHAMBRA CIR
CORAL GABLES FL 33134

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

Yvonne J. D'Amico
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-8-2002 (305) 576-8866

Date

Daytime Phone #

CR2E037 (9/01)