

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

FILED
Mar 31, 2002 8:00 am
Secretary of State

03-31-2002 90359 033 ****61.25

DOCUMENT # N94000002659

1. Entity Name

LE TRE VENEZIE WOMAN*S AUXILIARY, INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

4501 MONROE ST.

Suite, Apt. #, etc.

3. Mailing Address

P.O. BOX 1786

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

HOLLYWOOD, FLORIDA

Zip

33021

Country

USA

City & State

HOLLYWOOD, FLORIDA

Zip

33020

Country

USA

4. FEI Number

65-0506074

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

7. Name and Address of Current Registered Agent

Name OSCAR PRONI

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

4501 MONROE ST.

City

HOLLYWOOD,

FL

Zip Code

33021

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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.

OSCAR PRONI

3/13/02

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FEE IS \$61.25

Initial or Amended UBR

**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

TITLE PD
NAME BARBARA E. BUDINICH
STREET ADDRESS 3218 PIERCE ST.
CITY-ST-ZIP HOLLYWOOD, FL. 33021

TITLE SD
NAME MARY SEPCICH
STREET ADDRESS 602 N. 32nd. ST.
CITY-ST-ZIP HOLLYWOOD, FL. 33021

TITLE TD
NAME ANGELA GIANI
STREET ADDRESS 405 N. 31st. AVE.
CITY-ST-ZIP HOLLYWOOD, FL. 33021

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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 on an attachment with an address, with all other like empowered.

SIGNATURE: BARBARA E. BUDINICH *Barbara E. Budinich* 3/13/02 (954) 963-3440

CR2E037B (12/01)