FILED
May 16, 2002 8:00 am
Secretary of State
05-16-2002 90064 030 ***150.00

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N94000003587

1. Entity Name

Italian American Civic Club, I

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
7166 N University D	7166 N University Dr
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Tamarac, Fl	City & State: Tamarac Fl
Zip: 33321 — County: Broward	Zip: 33321 — County: Broward

DO NOT WRITE IN THIS SPACE

4. FEI Number: 65-0704747 — Applied For / Not Applicable

5. Certificate of Status Desired ☐ — $8.75 Additional Fee Required

7. Name and Address of Current Registered Agent

Name: Dennis Abbate
Street Address (P.O. Box Number is Not Acceptable): 9565 Tropical Park Pl
City: Boca Raton, Fl — Zip Code: 33428

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.

SIGNATURE: Dennis Abbate (pres.) [signature] (pres) — 4/30/02

9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so. (See criteria on back) ☒

10. Election Campaign Financing Trust Fund Contribution ☐ — $5.00 May Be Added to Fees.

11. OFFICERS AND DIRECTORS

TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	President Dennis Abbate 7166 NO. University Drive Tamarac, FL 33321
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Vice President John Meneo 7166 NO University Drive Tamarac FL 33321
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D John Blanchard 4698 Arbor Oaks Lane Boca Raton, FL 33428
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D John Abbate 7166 NO University Dr Tamarac, FL 33321
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Marangelly Mendez - Tres. 7166 NO University Dr Tamarac, FL 33321
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Secretary Dana Bianchi 4698 Arbor Oaks Lane Boca Raton, FL 33428

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CR2E034B (12/01)

13. 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 607, Florida Statutes; and that my name appears in Block 11 or on an attachment with an address, with all other like empowered.

[signature] (pres) Dennis Abbate (pres) — 4/30/02 — 954-721-8020

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #