

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 04, 2001 8:00 am
Secretary of State

05-04-2001 90121 046 ***150.00

00046938

DO NOT WRITE IN THIS SPACE

DOCUMENT # *N970000001279*

1. Entity Name
AMERICAN ITALIAN CLUB OF THE PALM BEACHES INC.

Principal Place of Business **Mailing Address**

40 EDWARD CHONKA
6238 RED CEDAR CIR.
GREEN ACRES FL 33463 *SAME*

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 **Applied For**

☐ **Not Applicable**

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

6. Name and Address of Current Registered Agent

MARINELLI GROUP
1615 FORUM PLACE STE 500B.
W. PALM BEACH FL 33401

7. Name and Address of New Registered Agent

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 **DATE**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. ☐ **FILE NOW!!! FEE IS \$150.00**
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing ☐ **\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS

TITLE	<i>P. CHONKA EDWARD</i>	<input type="checkbox"/> Delete
NAME	<i>6238 RED CEDAR CIR.</i>	
STREET ADDRESS	<i>GREEN ACRES, FL. 33463</i>	
CITY-ST-ZIP		
TITLE	<i>V.P. VINCENT RAO</i>	<input type="checkbox"/> Delete
NAME	<i>3811 SUMMER CREEK DR.</i>	
STREET ADDRESS	<i>LAKE WORTH FL. 33467</i>	
CITY-ST-ZIP		
TITLE	<i>S. ROSE GELO</i>	<input type="checkbox"/> Delete
NAME	<i>3531 PINE NEEDLE DR. #1</i>	
STREET ADDRESS	<i>GREEN ACRES FL. 33463</i>	
CITY-ST-ZIP		
TITLE	<i>T. JOHN TAWI</i>	<input type="checkbox"/> Delete
NAME	<i>2886 KERNLY DR. E. #46</i>	
STREET ADDRESS	<i>W. PALM BEACH FL. 33415</i>	
CITY-ST-ZIP		
TITLE	<i>D. MONTALBANO, TOE</i>	<input type="checkbox"/> Delete
NAME	<i>2569 W. DUDLEY DR. B</i>	
STREET ADDRESS	<i>W. P. BEACH FL. 33415</i>	
CITY-ST-ZIP		
TITLE	<i>D. CARAVONE, FRED</i>	<input type="checkbox"/> Delete
NAME	<i>141 PARK DRIVE</i>	
STREET ADDRESS	<i>R. PALM BEACH FL. 33411</i>	
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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 Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Edward Chonka* *4-14-2001* *EDWARD CHONKA* *43-2001* *561 434-7815*

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

CR2E034 (11/00)