2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N9700001279

TITLE

NAME

STREET ADDRESS

SIGNATURE:

CARAVONE, FRED

W.P.B. FL 33417

331 SOUTH HAMPTON "B"

FILED Jun 16, 2002 8:00 am Secretary of State

05-13-2002 90035 040 ****61 25

Change

29-02 Dayime Phone # 561

EDWARD

PRES.

CHONKA

Addition

1. Entity Nam	ne				05-13	-2002 90035 040 **	**61.25	
AMERICA	an Italian club of the Pa	LM BEACHES, INC.						
Principal Place of Business Mailing Address								
%,EDWARD CHONKA		% EDWARD CHONKA						
6238 RED CEDAR CIRCLE LAKE, WORTH FL 33463		6238 RED CEDAR CIRCLE LAKE WORTH FL 33463						
		DALE NOTHING TO SOME			. CATONIKOS GIP IZINI	TUDIT BART CORE CAIN DO TO ARTÚN E	iála sant sáin ann anns	
2. Principal P	Place of Business	3. Mailing Address		-				
Cuito Act H via		Cuito Act H and						
Suite, Apt. #, etc.		Suite, Apt. #, etc.			• [O NOT WRITE IN THIS SPA	ACE	
City & State Zip Country		City & State			4. FEI Number	T 4004104015	Applied For	
		Zip Cou				T APPLICABLE	Not Applicable	
دب چارجنیسوینی	Country	TIP	Country		. 5. Certificate of Stat		3.75 Additional	
	6. Name and Address of Current R	egistered Agent			7. Name and Addre	ess of New Registered Age	ent	
	Name	Name						
MARINELLI	Street	Street Address (P.O. Box Number is Not Acceptable)						
1815 FORUM PLACE, STE. 500-B								
WEST PALM BEACH FL 33401			City		Zip Code			
						· FL		
L The above	named entity submits this statement for t	he purpose of changing its r	egistered office	or registere	ed agent, or both, in th	e state of Florida.		
	FURATE	00 1 11	- la					
SIGNATURE _	·	diverg a	- our			, <u>.</u>		
	Signature, typed or printed name of registered agent an	d title if applicable. (NOTE:	Registered Agent sign	nature required v	when reinstating)	DATE		
	9. Election Campa			n Financing \$5.00 May Be Make Check Payable to			avable te	
FILE NOW: FEE IS \$61.25		Trust Fund Contribution.		55.00 May Be Added to Fees		Department of State		
	OCCIOEDE AND DIDE	07000				·		
nle	OFFICERS AND DIRE	Delete	nne	A	DDITIONS/CHANGES	TO OFFICERS AND DIREC	Change Addition	
AME	CHONKA, EDWARD	. La bace	NAME			_	Change LI Adolton	
	6238 RED CEDAR CIRCLE		STREET ADORESS	3				
	GREEN ACRES FL 33463 VP		CITY-ST-ZIP					
·- 1	RAD, VINCENT	Delete	TITLE NAME				Change	
TREET ADDRESS	3811 SUMMER CREEK DRIVE	and large according to a	STREET ADDRESS	-	· 	د. ده میشدی جمه <u>رت میشند</u> د.		
	LAKE WORTH FL 33467		CITY-ST-ZIP	37 m 24 m				
TLE .	S .	☐ Delete	TITLE				Change	
	GELO, ROSE		NAME STREET ADDRESS	:				
1	GREEN ACRES FL 33483		CITY-ST-ZIP	1				
TLE	T	☐ Delete	TITLE				Change Addition	
	TAWI, JOHN		NAME					
,	2886 FARNLY DRIVE E # 46 West Palm Beach FL 33415		STREET ADORESS CITY-ST-ZIP	1				
	D	☐ Delete	TITLE	 			Change	
[,	MONTALBANO, JOE	Delete	NAME			U	Understand Company	
1	2569 W.DUDLEY DRIVE "B"		STREET ADDRESS					
117-ST-71P	W D D D 22446		CITY_ST_7IP	1		-2		

Delete

SIGNATURE REQUIRED

TITLE

NAME

12. I hereby certify that the information supplied with this filling 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.

STREET ADDRESS CITY-ST-ZIP