

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 17, 2003 8:00 am
Secretary of State

04-17-2003 90619 004 ****61.25

DOCUMENT # N97000006443

1. Entity Name

SOCIETA DANTE ALIGHIERI D'ITALIA, INC.



Principal Place of Business

**800 DOUGLAS ROAD
225
CORAL GABLES FL 33134**

Mailing Address

**800 DOUGLAS ROAD
225
CORAL GABLES FL 33134**

2. Principal Place of Business

**800 Douglas Road
Suite, Apt. #, etc.
140**

3. Mailing Address

**800 Douglas Road
Suite, Apt. #, etc.
140**

City & State
CORAL GABLES, FL.

City & State
CORAL GABLES FL.

Zip
33134 Country
USA

Zip
33134 Country
USA



☒ CHECK HERE IF MAKING CHANGES

4. FEI Number **65-0847665**

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**PASTOR, CLAUDIO
14030 LEANING PINE DR.
MIAMI LAKES FL 33014**

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. I am familiar with, and accept the obligations of registered agent.

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
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE **D** ☐ Delete
NAME **PASTOR, CLAUDIO**
STREET ADDRESS **14030 LEANING PINE DR.**
CITY-ST-ZIP **MIAMI LAKES FL 33014**

TITLE **D** ☐ Delete
NAME **RUSSELL, EDITH**
STREET ADDRESS **2907 S.W. 2 AVE.**
CITY-ST-ZIP **MIAMI FL 33129**

TITLE **D** ☐ Delete
NAME **FELICIONI, EUGENIA**
STREET ADDRESS **751 S.W. 113 WAY**
CITY-ST-ZIP **PEMBROKE PINES FL 33025**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

TITLE ☐ Change ☐ Addition
NAME
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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:

SIGNATURE REQUIRED

15 April 03 305-336-3566

CR2E037 (10/02)