2002 UNIFORM BUSINESS REPORT (UBR)

Feb 04, 2002 8:00 am DOCUMENT # N9800005367 **Secretary of State** 1. Entity Name THE ITALIAN AMERICAN SOCIAL CLUB, INC. 02-04-2002 90187 015 ****61.25 Principal Place of Business Mailing Address 5807 N.W. 82ND AVENUE 5807 N.W. 82ND AVENUE TAMARAC FL 33321 TAMARAC FL 33321 D a a2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-0863392 Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) MARINO, PHILIP A 5807 N.W. 82ND AVE TAMARAC FL 33321 City Zip Code FI 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing Make Check Payable to \$5.00 May Be FILE NOW: FEE IS \$61.25 Trust Fund Contribution. Added to Fees **Department of State** ⊊ರ್ಷ್ಯಾಪ್ರಾಕ್ಷ್ ಪ್ರಾOFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. 11. (9/01) TITL F TITLE Change Addition ☐ Delete L'AWLER, OLGA NAME NAME DI STANISLAO, JANET 7000 N.W. 99TH AVENUE CR2E037 STREET ADDRESS STREET ADDRESS. 7206 NW 64TH STREET TAMARAC FL 33321 CITY-ST-ZIP CITY-ST-ZIP TAMARAC FL 33321 Delete TITLE Change ☐ Addition TITLE CAPUANA, VITO NAME NAME 7003 N.W. 63RD COURT STREET ADDRESS STREET ADDRESS TAMARAC FL 33321 CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition LOZIER, PETER NAME NAME 6800 N.W. 70TH STREET STREET ADDRESS STREET ADDRESS TAMARAC FL 33321 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition PENDOLINO, JOHN NAME NAME 8103 N.W. 104TH AVENUE STREET ADDRESS STREET ADORESS TAMARAC FL 33321 CITY-ST-ZIP CITY-ST-ZIP ☐ Change TITLE ☐ Delete TITLE ☐ Addition GALASSO, ROBERT NAME 2607 N.W. 104TH AVENUE STREET ADDRESS STREET ADDRESS SUNRISE FL 33322 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Change ☐ Addition TITLE PONTILLO, LORRAINE NAME NAME 191 SW 62ND AVENUE STREET ADDRESS STREET ADDRESS

FILED

SIGNATURE: Walley MARINO 1/16/02 954-722-5709

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.

CITY-\$T-ZIP

PLANTATION FL 33317

CITY-ST-ZIP