

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 09, 2000 8:00 am
Secretary of State

08-09-2000 90081 003 ****61.25

DOCUMENT # N98000006121

1. Entity Name

THE NORTH MIAMI BEACH ITALIAN HERITAGE FESTIVAL,

R

Principal Place of Business

1800 N.E. 171ST STREET
 NO. MIAMI BEACH FL 33162

Mailing Address

1800 N.E. 171ST STREET
 NO. MIAMI BEACH FL 33162

2. Principal Place of Business

17830 NE 10TH AVE

3. Mailing Address

17830 NE 10 AVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

NORTH MIAMI BEACH FL

City & State

NORTH MIAMI BEACH FL

Zip

33162

Country

USA

Zip

33162

Country

USA

4. FEI Number

65-0871272

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

DEFILIPPO, KENNETH
1800 N.E. 171ST STREET
NO. MIAMI BEACH FL 33162

7. Name and Address of New Registered Agent

Name **KENNETH DE FILLIPO**

Street Address (P.O. Box Number is Not Acceptable)

17830 NE 10 AVE

City **NORTH MIAMI BEACH**

FL

Zip Code **33162**

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 **KENNETH DE FILLIPO**

Signature, typed or printed name of registered agent and title if applicable.

Kenneth De Fillipo

(NOTE: Registered Agent signature required when reinstating)

8/7/00

DATE

FILE NOW: FEE IS \$61.25
After September 13, 2000 min. will be \$236.25

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> Delete
NAME	DEFILIPPO, KENNETH	
STREET ADDRESS	17830 NE 10TH AVE	
CITY-ST-ZIP	NO. MIAMI BEACH FL 33162	
TITLE	VPSD	<input type="checkbox"/> Delete
NAME	BOOK, RONALD L ESQ.	
STREET ADDRESS	2999 N.E. 191ST. ST. PH 6	
CITY-ST-ZIP	NO. MIAMI BEACH FL 33180	
TITLE	TD	<input checked="" type="checkbox"/> Delete
NAME	MILLER, ALAN B CPA	
STREET ADDRESS	1800 N.E. 171ST STREET	
CITY-ST-ZIP	NO. MIAMI BEACH FL 33162	
TITLE	TD	<input type="checkbox"/> Delete
NAME	PETROCELLI, ROBERT	
STREET ADDRESS	1920 B. HALLAMAN BEACH BLVD, SUITE 100	
CITY-ST-ZIP	HALLANDALE, FL 33009	
TITLE	EX V.P.	<input type="checkbox"/> Delete
NAME	ANTHONY F. DE FILLIPO	
STREET ADDRESS	17830 NE 10AV	
CITY-ST-ZIP	NORTH MIAMI BEACH FL 33162	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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
NAME		
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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
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: **KENNETH DE FILLIPO**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/7/00

Date

305-4966649

Daytime Phone #

CR2E037 (5/00)