

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 17, 2001 8:00 am
Secretary of State

05-17-2001 90394 039 ****61.25

DOCUMENT # N98000006121

1. Entity Name

THE NORTH MIAMI BEACH ITALIAN HERITAGE FESTIVAL,

Principal Place of Business

**17830 NE 10TH AVE
 NO. MIAMI BEACH FL 33162**

Mailing Address

**17830 NE 10TH AVE
 NO. MIAMI BEACH FL 33162**

B0057661



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0871272

Applied For

Not Applicable

5. Certificate of Status Desired -

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**DEFILLIPO, KENNETH
 17830 NE 10TH AVE
 NO. MIAMI BEACH FL 33162**

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 _____

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
 Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input type="checkbox"/> Delete
NAME	DEFILLIPO, 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 type="checkbox"/> Delete
NAME	PATROCELLI, ROBERT	
STREET ADDRESS	1920 E MALLAMAN BED BLVD STE100	
CITY-ST-ZIP	HALLANDALE FL 33009	
TITLE	VP	<input type="checkbox"/> Delete
NAME	DE FILLIPO, ANTHONY F	
STREET ADDRESS	17830 NE 10 AVE	
CITY-ST-ZIP	MIAMI FL 33162	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: *Robert Patrocelli* R. PATROCELLI, R.P.A.

5-08-01 (954) 456-5992

CR2E037 (10/00)