

04-07-2003 90734 009 ***150.00

**2003 FOR PROFIT CORPORATION
 UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P00000029867

1. Entity Name
 "SICILIAN AMERICAN CHAMBER OF COMMERCE" INC.



Principal Place of Business
 1001 BRICKELL BAY DRIVE
 SUITE 1508
 MIAMI FL 33131

Mailing Address
 1001 BRICKELL BAY DRIVE
 SUITE 1508
 MIAMI FL 33131

2. Principal Place of Business
 9553 HARVING AVENUE

3. Mailing Address
 SAME

Suite, Apt. #, etc. 310

City & State SURFSIDE

City & State SURFSIDE

City & State SAME

Zip FL 33154

Zip Country



65-0993701
 CHECK HERE IF MAKING CHANGES

4. FEI Number APPLIED FOR

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
 PIZZUTO, ANGELO
 1001 BRICKELL BAY DRIVE
 SUITE 1508
 MIAMI FL 33131

7. Name and Address of New Registered Agent
 Name PIZZUTO ANGELO
 Street Address (P.O. Box Number is Not Acceptable)
 407 LINCOLN ROAD, SUITE 2G
 City MIAMI BEACH FL Zip Code 33154

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 *Angelo Pizzuto* REGISTERED AGENT 1/29/2003

(NOTE: Registered Agent signature required when reinstating)

FILE NOW!! FEE IS \$150.00
 After May 1, 2003 Fee will be \$550.00
 Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	D <input checked="" type="checkbox"/> Delete	TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FKERES, SALVATORE	NAME	FLERES SALVATORE
STREET ADDRESS	8911 COLLINS AVE	STREET ADDRESS	407 LINCOLN ROAD, # 2G
CITY-ST-ZIP	SURFSIDE MIAMI BEACH FL 33154	CITY-ST-ZIP	MIAMI BEACH, FL 33139
TITLE	D <input checked="" type="checkbox"/> Delete	TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PIZZUTO, ANGELO	NAME	PIZZUTO ANGELO
STREET ADDRESS	1001 BRICKELL BAY DRIVE #1508	STREET ADDRESS	407 LINCOLN ROAD, # 2G
CITY-ST-ZIP	MIAMI FL 33131	CITY-ST-ZIP	MIAMI BEACH, FL 33139
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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 607, 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: *Angelo Pizzuto* REQUIRED *Pizzuto* 1/29/2003 (25)5341533

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CRE034 (10/02)