


2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 05, 2003 8:00 am
Secretary of State

04-07-2003 90734 009 ***150.00

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	
Suite, Apt. #, etc. 310		Suite, Apt. #, etc. SAME	
City & State SURFSIDE		City & State SAME	
Zip FL	Country 33154	Zip	Country
4. FEI Number APPLIED FOR		<input type="checkbox"/> CHECK HERE IF MAKING CHANGES	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		Applied For <input type="checkbox"/> Not Applicable	
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 <i>Appl Pizzuto</i> REGISTERED AGENT 1/29/2003 <small>(NOTE: Registered Agent signature required when reinstating)</small>			
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. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE D NAME FKERES, SALVATORE STREET ADDRESS 8911 COLLINS AVE CITY-ST-ZIP SURFSIDE MIAMI BEACH FL 33154 <input checked="" type="checkbox"/> Delete	TITLE D NAME FLERES SALVATORE STREET ADDRESS 407 LINCOLN ROAD, # 2G CITY-ST-ZIP MIAMI BEACH, FL 33139 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE D NAME PIZZUTO, ANGELO STREET ADDRESS 1001 BRICKELL BAY DRIVE #1508 CITY-ST-ZIP MIAMI FL 33131 <input checked="" type="checkbox"/> Delete	TITLE D NAME PIZZUTO ANGELO STREET ADDRESS 407 LINCOLN ROAD, # 2G CITY-ST-ZIP MIAMI BEACH, FL 33139 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition		
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TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition		
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: <i>SIGNATURE REQUIRED Pizzuto</i>		1/29/2003 6035341533	
<small>SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date Daytime/Afternoon</small>	

CPE034 (10/02)