FILED
May 30, 2002 8:00 am
Secretary of State
03-14-2002 90038 014 ***150.00

3/14/

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000046004

1. Entity Name
SOCIETY OF SAN GENNARO AND SAN GENNARO FEAST, IN C.

Principal Place of Business	Mailing Address
2921 S.W. 87TH AVE. #511 DAVIE FL 33328	2921 S.W. 87TH AVE. #511 DAVIE FL 33328

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
2910 SW 87 TERRACE	2910 SW 87 TERRACE
Suite, Apt. #, etc. #1706	Suite, Apt. #, etc. #1706
City & State DAVIE, FL	City & State DAVIE, FL 33328
Zip 33328 / Country BROWARD	Zip 33328 / Country BROWARD

4. FEI Number 65-1007820 ☐ 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
SQUARTINO, HENRY 2921 S.W. 87TH AVE., #511 DAVIE FL 33328	Name: JULIA SQUARTINO Street Address (P.O. Box Number is Not Acceptable): 2910 SW 87 TERRACE #1706 City: DAVIE FL FL Zip Code: 33328

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: Julia Squartino
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☑

FILE NOW!!! FEE IS $150.00
After May 1, 2002 Fee will be $550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D SQUARTINO, HENRY 2921 S.W. 87TH AVE., #511 DAVIE FL 33328	☑ Delete	PRESIDENT JULIA SQUARTINO 2910 SW 87 TERRACE #1706 DAVIE FL 33328	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition

CR2E034 (9/01)

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: JULIA SQUARTINO Julia Squartino 2-26-02
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #