

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 28, 2002 8:00 am**  
**Secretary of State**

03-28-2002 90165 035 \*\*\*150.00

DOCUMENT # **P00000108700**

1. Entity Name

**ITALIAN TROPHY, CORP**

Principal Place of Business

Mailing Address

**6216 SW 8 ST  
 MIAMI, FL 33144**

**6216 SW 8 ST  
 MIAMI, FL 33144**

**80053622**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**65-1076862**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75 Additional  
 Fee Required**

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**EBV GREAT PROFESSIONAL, INC  
 5545 SW 8 ST #107  
 MIAMI, FL 33134**

Name **EBV GREAT PROFESSIONAL, INC**

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

**6216 S.W. 8 ST**

City **MIAMI**

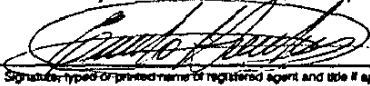
**FL**

Zip Code

**33144**

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 reissuing)

DATE

**03-18-02**

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, 2001, 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 **P.D.** ☐ Delete  
 NAME **NAZZARO, TONY**  
 STREET ADDRESS **5545 SW 8 ST #107**  
 CITY-ST-ZIP **MIAMI, FL 33134**

TITLE **P.D.** ☒ Change ☐ Addition  
 NAME **NAZZARO, TONY**  
 STREET ADDRESS **6216 SW 8 ST**  
 CITY-ST-ZIP **MIAMI, FL 33144**

TITLE **V.D.** ☐ Delete  
 NAME **NAZZARO, TANYA**  
 STREET ADDRESS **5545 SW 8 ST #107**  
 CITY-ST-ZIP **MIAMI, FL 33134**

TITLE **V.D.** ☐ Change ☐ Addition  
 NAME **NAZZARO, TANYA**  
 STREET ADDRESS **6216 SW 8 ST**  
 CITY-ST-ZIP **MIAMI, FL 33144**

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:



SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**03-18-02**

Date

Deputy Phone #

CR2E034 (11/00)