

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 16, 2003 8:00 am
Secretary of State

04-16-2003 90266 014 ***150.00

DOCUMENT # P00000108700

1. Entity Name
ITALIAN TROPHY, CORP.



Principal Place of Business
**6216 SW 8 ST
MIAMI FL 33144**

Mailing Address
**6216 SW 8 ST
MIAMI FL 33144**



2. Principal Place of Business
12041 SW 117 CT
Suite, Apt. #, etc.

3. Mailing Address
12041 SW 117 CT
Suite, Apt. #, etc.

☐ CHECK HERE IF MAKING CHANGES

City & State
MIAMI, FLORIDA

City & State
MIAMI, FLORIDA

4. FEI Number **65-1076862**

Applied For
☐ Not Applicable

Zip
33186

Country
DADE

Zip
33186

Country
DADE

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

6. Name and Address of Current Registered Agent

**E & V GREAT PROFESSIONAL, INC.
6216 SW 8 ST
MIAMI FL 33144**

7. Name and Address of New Registered Agent

Name **TONY NAZZARO**

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

12041 SW 117 CT

City **MIAMI**

FL

Zip Code **33186**

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 *[Signature]*
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

* **03/26/03**
DATE

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

TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	NAZZARO, TONY	
STREET ADDRESS	6216 SW 8 ST	
CITY-ST-ZIP	MIAMI FL 33144	
TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	NAZZARO, TANYA	
STREET ADDRESS	6216 SW 8 ST	
CITY-ST-ZIP	MIAMI FL 33144	
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"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NAZZARO, TONY	
STREET ADDRESS	12041 SW 117 CT	
CITY-ST-ZIP	MIAMI, FL 33186	
TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NAZZARO, TANYA	
STREET ADDRESS	12041 SW 117 CT	
CITY-ST-ZIP	MIAMI, FL 33186	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	NAZZARO, ANTONIO	
STREET ADDRESS	12041 SW 117 CT	
CITY-ST-ZIP	MIAMI, FL 33186	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 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: *[Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

* **03/26/03**
Date

Daytime Phone #

CR2E034 (10/02)