

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 25, 2003 8:00 am**  
**Secretary of State**

02-25-2003 90122 048 \*\*\*150.00

**DOCUMENT # P01000002948**

1. Entity Name  
**LITTLE SICILY ASSOCIATES, INC.**



Principal Place of Business  
**7410 BOYNTON BEACH BLVD  
BOYNTON BEACH FL 33437**

Mailing Address  
**7789 PINE ISLAND WAY  
W PALM BEACH FL 38411**



2. Principal Place of Business

**7410 W. BOYNTON BCH BLVD**

3. Mailing Address

**7410 W. BOYNTON BCH BLVD.**

Suite, Apt. #, etc.

**SUITE A-8**

Suite, Apt. #, etc.

**SUITE A-8**

☐ CHECK HERE IF MAKING CHANGES

City & State  
**BOYNTON BCH, FL**

City & State  
**BOYNTON BCH, FL**

4. FEI Number  
**65-1088567**

Applied For  
☐ Not Applicable

Zip  
**33437**

Country  
**USA**

Zip  
**33437**

Country  
**USA**

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

6. Name and Address of Current Registered Agent

**FERRARA, GIVSEPPE  
3281 GONDOLIER WAY  
LANTANA FL 33462**

7. Name and Address of New Registered Agent

Name **GIUSEPPE FERRARA**  
Street Address (P.O. Box Number is Not Acceptable)  
**7410 W. BOYNTON BCH BLVD. A-8**  
City **BOYNTON BEACH FL** Zip Code **33437**

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 *Giuseppe Ferrara* **GIUSEPPE FERRARA, PRES.** **1/10/03**  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 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 NAME STREET ADDRESS CITY-ST-ZIP	<b>D FERRARA, GIVSEPPE 7789 PINE ISLAND WAY WEST PALM BEACH FL 33411</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP CARMELO, CAPONE F 7789 PINE ISLAND WAY WEST PALM BEACH FL 33411</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>FERRARA, GIUSEPPE 7410 W. BOYNTON BCH BLVD. A-8 BOYNTON BCH, FL 33437</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>FERRARA, CARMELO 7410 W. BOYNTON BCH BLVD. A-8 BOYNTON BCH, FL 33437</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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"/> 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: *Carmera Ferrara* **CARMELO FERRARA V.P.** **1/10/03 561-733-5628**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)