

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 28, 2003 8:00 am
Secretary of State

04-28-2003 91346 004 ***150.00

DOCUMENT # P02000003220

1. Entity Name
GLOBAL ITALIAN COMMUNICATION, INC.



Principal Place of Business
525 90TH ST. SUITE A
SURFSIDE FL 33154

Mailing Address
525 90TH ST. SUITE A
SURFSIDE FL 33154

2. Principal Place of Business
525 90th Street

3. Mailing Address
525 90th Street

Suite, Apt. #, etc.
A

Suite, Apt. #, etc.
A

☒ CHECK HERE IF MAKING CHANGES



City & State
SURFSIDE, FLORIDA

City & State
SURFSIDE, FLORIDA

4. FEI Number
01-0573664

Applied For
Not Applicable

Zip
33154

Country
USA

Zip
33154

Country
USA

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

6. Name and Address of Current Registered Agent

FINLEY, CHANDLER R
710 WASHINGTON AVE, SUITE #5
MIAMI BEACH FL 33139

7. Name and Address of New Registered Agent

Name
JAMES M. TRICE III
Street Address (P.O. Box Number is Not Acceptable)
525 90th St, Suite A
City **Surfside** **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 *James M. Trice III President*

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

(NOTE: Registered Agent signature required when reinstating)

4/24/03
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 ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE **D** ☐ **Delete**
NAME **TRICE, JAMES M**
STREET ADDRESS **525 90TH ST, SUITE A**
CITY-ST-ZIP **SURFSIDE FL 33154**

TITLE ☐ **Delete**
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

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CITY-ST-ZIP

TITLE ☐ **Delete**
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

TITLE ☐ **Change** ☐ **Addition**
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TITLE ☐ **Change** ☐ **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: *James M. Trice III* **JAMES M. TRICE III**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/24/03
DATE

786-325-3062
DAYTIME PHONE #

CR2E034 (10/02)