

# 2001 UNIFORM BUSINESS REPORT (UBR)

3/

**FILED**  
**Apr 25, 2001 8:00 am**  
**Secretary of State**

03-13-2001 90305 030 \*\*\*150.00

**DOCUMENT # P95000093047**

1. Entity Name

**SAVINO'S ITALIAN ICES, INC.**

Principal Place of Business

1126 SOUTH POWERLINE RD  
DEERFIELD BEACH FL 33442  
US

Mailing Address

1126 SOUTH POWERLINE RD.  
DEERFIELD BEACH FL 33442

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **65-0635261**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

**GREENE, WILLIAM**  
4698 N.W. 103 AVENUE  
SUNRISE FL 33351

7. Name and Address of New Registered Agent

Name

**Savino Barbara**

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

**3116 Marion Avenue**

City

**Margate**

**FL**

Zip Code

**33063**

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

**Barbara Savino Pres. Barbara Savino Pres Apr 10, 2001**

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, 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

TITLE	<b>P</b>	<input type="checkbox"/> Delete
NAME	<b>SAVINO, BARBARA</b>	
STREET ADDRESS	<b>3116 MARION AVENUE</b>	
CITY-ST-ZIP	<b>MARGATE FL 33063</b>	
TITLE	<b>ST</b>	<input type="checkbox"/> Delete
NAME	<b>PANETTA, WANDA</b>	
STREET ADDRESS	<b>2501 ROCK ISLAND ROAD</b>	
CITY-ST-ZIP	<b>MARGATE FL 33063</b>	
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		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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	
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	

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:

**Barbara Savino Pres**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**May 6, 2001 954-426-1119**

Date

Daytime Phone #

CR2E034 (10/00)