## **2001 UNIFORM BUSINESS REPORT (UBR)**

## Apr 04, 2001 8:00 am Secretary of State DOCUMENT # P97000024176 1. Entity Name MICHAEL ITALIAN MEN HOUSE, INC. 04-04-2001 90239 005 \*\*\*150.00 Principal Place of Business Mailing Address 1265 NE 163RD ST. 1265 NE 163RD ST. N MIAMI BEACH FL 33162-4622 N MIAMI BEACH FL 33162-4622 C0041896 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-0735214 Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired --Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name BOCCIA, ELENA Street Address (P.O. Box Number is Not Acceptable) 16485 COLLINS AVE. #2132 N MIAMI BEACH FL 33160 Zip Code FL 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 reinstating) DATE FILE NOW!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing **\$5.00** May Be After MAY 1, 2001 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. **PDST** ☐ Delete ☐ Change ☐ Addition TITLE TITLE NAME BOCCIA, ELENA NAME STREET ADDRESS 16485 COLLINS AVE. SUITE 2132 STREET ADDRESS CITY-ST-ZIF CITY-ST-7IP NORTH MIAMI FL 33160 ☐ Delete Change Addition TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP - Detete --- Change --- - Addition-TITLE-TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIE CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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.
MAR 3 0 2001

SIGNATURE:

F. BOCCIA, PRES.

GLUM / POLGUE
GNING OFFICER OR DIRECTOR

305-944-2014