

2002 UNIFORM BUSINESS REPORT (UBR)

0256520 AV

DOCUMENT # P97000024176

1. Entity Name

MICHAEL ITALIAN MEN HOUSE, INC.

FILED

02 MAR -6 AM 11:39

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business

**1265 NE 163RD ST.
N MIAMI BEACH FL 33162-4622**

Mailing Address

**1265 NE 163RD ST.
N MIAMI BEACH FL 33162-4622**

2. Principal Place of Business

1361 NE 163RD ST.

3. Mailing Address

1361 NE 163RD ST.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

N. MIAMI BEACH FL

City & State

N. MIAMI BEACH FL

4. FEI Number

65-0735214

Applied For

Not Applicable

Zip

33162-4622

Country

U.S.A.

Zip

33162-4622

Country

U.S.A.

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BOCCIA, ELENA

16485 COLLINS AVE.

#2132

N MIAMI BEACH FL 33160

Name

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

City

FL

Zip Code

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

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, 2002 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 **PDST** ☐ Delete
NAME **BOCCIA, ELENA**
STREET ADDRESS **16485 COLLINS AVE, SUITE 2132**
CITY-ST-ZIP **NORTH MIAMI FL 33160**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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CITY-ST-ZIP

TITLE ☐ Delete
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CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. 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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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: [Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2. BOCCIA, PRES.

FEB 20 2002

Date

305 944-0069

Daytime Phone #

CR2E034 (9/01)