

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 19, 2002 8:00 am
Secretary of State

03-19-2002 90019 044 ***150.00

0337856 AV

DOCUMENT # P98000077712

1. Entity Name
IL TOSCANO, INC.

Principal Place of Business
**2282 WESTON RD
 WESTON FL 33326
 US**

Mailing Address
**2282 WESTON RD
 WESTON FL 33326
 US**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **65-0864110**

Applied For
 Not Applicable

Zip

Country

Zip

Country

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

**HELLMAN, MAYNARD J
 1100 PONCE DE LEON BLVD.
 CORAL GABLES FL 33134**

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 _____ (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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
 NAME **PD FILPI, PIERO** ☐ Delete
 STREET ADDRESS **6450 ALLISON ROAD**
 CITY-ST-ZIP **MIAMI BEACH FL 33141**

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

TITLE
 NAME **VD BRAMAN, NORMAN** ☐ Delete
 STREET ADDRESS **ONE S.E. 3RD AVE. SUITE 2130**
 CITY-ST-ZIP **MIAMI FL 33131**

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

TITLE
 NAME **TD SINDONI, MARCELLO** ☐ Delete
 STREET ADDRESS **5600 COLLINS AVE. APT. 10B**
 CITY-ST-ZIP **MIAMI BEACH FL 33140**

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

TITLE
 NAME ☐ Delete
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE
 NAME ☐ Delete
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE
 NAME ☐ Delete
 STREET ADDRESS
 CITY-ST-ZIP

TITLE
 NAME ☐ Change ☐ Addition
 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 an other like empowered.

SIGNATURE:

MARCELLO SINDONI 3-02 954/385-5883
 SECRETARY-TREASURER
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)