

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 06, 2000 8:00 am**  
**Secretary of State**

03-06-2000 90037 038 \*\*\*150.00

DOCUMENT # P99000058232

Entity Name  
**LANCIANI, INC.**

Principal Place of Business E 57TH ST -- YORK NY 10022	Mailing Address 38 E 57TH ST NEW YORK NY 10022-2512
--	---

Principal Place of Business	3. Mailing Address		
Suite, Apt. #, etc.	Suite, Apt. #, etc.		
City & State	City & State		
Zip	Country	Zip	Country



DO NOT WRITE IN THIS SPACE

4. FEI Number <b>58-2476277</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

**6. Name and Address of Current Registered Agent**

**CORPORATION SERVICE COMPANY**  
**1201 HAYS STREET**  
**TALLAHASSEE FL 32301-2525**

**7. Name and Address of New Registered Agent**

Name

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

City **FL** Zip Code

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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

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, 2000 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

OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
<input type="checkbox"/> Delete	TITLE	SEC./TREAS.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
ADDRESS	NAME	GIANFRANCO IAVARONE	
ST-ZIP	STREET ADDRESS	341 ORIENTA AVE.	
	CITY-ST-ZIP	MAMARONECK, NY 10543	
<input type="checkbox"/> Delete	TITLE	PRES.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
ADDRESS	NAME	RITA IAVARONE	
ST-ZIP	STREET ADDRESS	341 ORIENTA AVE.	
	CITY-ST-ZIP	MAMARONECK, NY 10543	
<input type="checkbox"/> Delete	TITLE	VICE PRES.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
ADDRESS	NAME	RICCARDO IAVARONE	
ST-ZIP	STREET ADDRESS	240 E. 76TH ST.	
	CITY-ST-ZIP	NEW YORK, NY 10021	
<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
ADDRESS	NAME		
ST-ZIP	STREET ADDRESS		
	CITY-ST-ZIP		
<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
ADDRESS	NAME		
ST-ZIP	STREET ADDRESS		
	CITY-ST-ZIP		

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: *J. Iavarone* SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
 Date: **2-29-00** (212) 888-3444  
 Daytime Phone #

CR2E034 (9/99)