2002 UNIFORM BUSINESS REPORT (UBR)

FILED Apr 24, 2002 8:00 am Secretary of State P99000058232 DOCUMENT # 1. Entity Name LANCIANI, INC. 04-24-2002 90315 011 ***150.00 Principal Place of Business Mailing Address 38 E 57TH ST 38 E 57TH ST NEW YORK NY 10022 NEW YORK NY 10022 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 58-2476277 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent Name and Address of New Registered Agent IAVARONE CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE FL 32301-2525 TH AVENUE City 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) 9. This corporation is eligible to sp FILE NOW!!! FEE IS \$150.00 disfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550,00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 Change ☐ Addition Delete TITLE TITLE IAVARONE, GIANFRANCO NAME NAME 341 ORIENTA AVE STREET ADORESS STREET ADDRESS MAMARONECK NY 10543 CITY-ST-ZIP CITY-ST-7IP ☐ Addition TITLE ☐ Change TITLE ☐ Delete IAVARONE, RITA NAME NAME 341 ORIENTA AVE STREET ADDRESS STREET ADDRESS MAMARONECK NY 10543 CITY-ST-ZIP CiTY-ST-7IP TITLE Deleté TITLE ☐ Change ~ 🔲 Addition IAVARONE, RICCARDO NAME 240 E 76TH ST STREET ADDRESS STREET ADDRESS **NEW YORK NY 10021** CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition 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 ☐ Change ☐ Addition TITLE ☐ Delete TITLE

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.

NAME

STREET ADDRESS

CITY-ST-ZIP

NAME

STREET ADDRESS CITY-ST-ZIP