

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
Feb 20, 2002 8:00 am  
Secretary of State

02-20-2002 90151 036 \*\*\*150.00

**DOCUMENT # V45339**

1. Entity Name  
**BIG ITALY INC.**

Principal Place of Business  
**401 S ATLANTIC BLVD  
FT LAUDERDALE FL 33160**

Mailing Address  
**401 S ATLANTIC BLVD  
FT LAUDERDALE FL 33160**



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 **65-0341164**

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

**ELIMELECH, RONEN  
401 S. ATLANTIC BLVD  
FT. LAUDERDALE FL 33160**

Name **ZVI PERINTS**  
Street Address (P.O. Box Number is Not Acceptable)  
**401 So. ATLANTIC BLVD**  
City **FT. LAUDERDALE** FL Zip Code **33316**

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

**2-5-02**

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 STREET ADDRESS CITY-ST-ZIP	<b>PD ELIMELECH, RONEN 401 S ATLANTIC BLVD FT LAUDERDALE FL 33160</b> <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VPD PERINTS, ZVI 401 S ATLANTIC BLVD FT LAUDERDALE FL 33160</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>CFO DAN SILVERBERG 401 S. ATLANTIC BLVD FT. LAUDERDALE, FL 33316</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>PRES/DIR. ZVI PERINTS 401 So. ATLANTIC BLVD FT. LAUDERDALE, FL 33316</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
<b>CFO DAN SILVERBERG 401 S. ATLANTIC BLVD FT. LAUDERDALE, FL 33316</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**2-5-02**

CR2E034 (9/01)