

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

01 JUL 30 AM 8:47

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 00000004320
1. Entity Name
Port Everglades Freezer Partners LLC

Principal Place of Business Mailing Address
536 Fayette St.
Perth Amboy, NJ 08861

2. 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 65-1020764 Applied For
Not Applicable
5. Certificate of Status Desired \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent
Breit, Richard H
3111 Stirling Road
Fort Lauderdale, FL 33312

7. Name and Address of New Registered Agent
Allen M. Levine
Becker & Koliakoff
3111 Stirling Road
City Fort Lauderdale FL Zip Code 33312

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

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State
800004513448--5
-08/03/01--01005--007
*******25.00 *****25.00**

9. MANAGING MEMBERS/MEMBERS	
TITLE	<u>MGR</u> <input type="checkbox"/> Delete
NAME	<u>John Galiner</u>
STREET ADDRESS	<u>30 Hoagland Ct</u>
CITY-ST-ZIP	<u>Bridgewater, NJ 08807</u>
TITLE	<u>MGR</u> <input type="checkbox"/> Delete
NAME	<u>John Giacobelli</u>
STREET ADDRESS	<u>900 Palisades Ave Apt 2105</u>
CITY-ST-ZIP	<u>Fort Lee, NJ 07024</u>
TITLE	<u>MGR</u> <input type="checkbox"/> Delete
NAME	<u>Richard Giacobelli</u>
STREET ADDRESS	<u>16 Woodcliff Road</u>
CITY-ST-ZIP	<u>Woodcliff Lake, NJ 07675</u>
TITLE	<u>MGR</u> <input type="checkbox"/> Delete
NAME	<u>Joseph Scott</u>
STREET ADDRESS	<u>7 Greenwood Road</u>
CITY-ST-ZIP	<u>Old Tappan, NJ 07675</u>
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

10. ADDITIONS/CHANGES	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<u>800004513448--5</u>
STREET ADDRESS	<u>-08/03/01--01005--008</u>
CITY-ST-ZIP	<u>*****25.00 *****25.00</u>
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: [Signature] PRES. Date _____ Daytime Phone # _____

CR2E083 (11/00)