

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **L00000011598**

FILED

01 MAR 28 PM 2:13

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. Entity Name

1117 SW 48TH TERRACE, LLC

Principal Place of Business

Mailing Address

**1117 SW 48 TERR
CAPE CORAL FL**

**2126 SW 52 LN
CAPE CORAL FL
33914**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$5.00 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**RONALD S URKOWICZ
2323 WOOSTER LN
SANIBEL FL 33957**

Name **ROSINA-SPIZZIRRI**

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

2126 SW 52ND LN

City **CAPE CORAL**

FL

Zip Code **33914**

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

Rosina Spizzirri

ROSINA-SPIZZIRRI

3/23/01

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State

9. MANAGING MEMBERS/MEMBERS

10. ADDITIONS/CHANGES

TITLE **MANAGING MEMBER** Delete
NAME **DAVID A OWENS**
STREET ADDRESS **PO Box 190**
CITY-ST-ZIP **SANIBEL FL 33957**

TITLE **MANAGING MEMBER** Change Addition
NAME **ROSINA SPIZZIRRI**
STREET ADDRESS **2126 SW 52 LN**
CITY-ST-ZIP **CAPE CORAL FL 33914**

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME **MARIO SPIZZIRRI**
STREET ADDRESS **2126 SW 52 LN**
CITY-ST-ZIP **CAPE CORAL FL 33914**

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change 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:

Rosina Spizzirri

ROSINA-SPIZZIRRI

3/23/01

941-945-0421

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

Date

Daytime Phone #

CR2F083 (1/1/99)