**FILED** 

## 2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

## Apr 28, 2003 8:00 am Secretary of State DOCUMENT # L02000026958 04-28-2003 90083 045 \*\*\*\*50.00 1. Entity Name MINIACI NOLA, LLC Principal Place of Business Mailing Address 1411 S.W. 31ST AVE. 1411 S.W. 31ST AVE. POMPANO BEACH FL 33069 POMPANO BEACH FL 33069 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. CHECK HERE IF MAKING CHANGES City & State City & State Applied For FEI Number Not Applicable Zip Zip Country Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent en all little to retain a little to the CASTORO, FRANCIS X ESQ. Street Address (P.O. Box Number is Not Acceptable) 2100 HOLLYWOOD BLVD. HOLLYWOOD FL 33020 City Zip Code 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. I am familiar with, and accept the obligations of registered agent. 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 Florida Department of State Due By May 1, 2003 MANAGING MEMBERS/MANAGERS 10. ADDITIONS/CHANGES Managing Member TITLE Change Addition ☐ Delete TITLE Albert J. Miniaci 1411 SW 31st Avenue Albert J. Miniaci 1411 SW 31st Avenue NAME NAME STREET ADDRESS STREET ADDRESS Pompano Beach, FL 33069 Pompano Beach, FL 33069 CITY-ST-ZIP CITY-ST-ZIP Managing Member Dominick F. Miniaci TITLE ☐ Delete TITLE ☐ Change ★ Addition Dominick F. Miniaci NAMÉ NAME 821 E. Broward Blvd. 821 E. Broward Blvd. STREET ADDRESS STREET ADDRESS Fort Lauderdale, FL 33301 Fort Lauderdale, FL 33301 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 NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete ☐ Change Addition NAME NAME

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.

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

OR AUTHORIZED REPRESENTATIVI