

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L98000001338

1. Entity Name

ANGELO IAFRATE CONSTRUCTION, L.L.C.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 JAN 31 AM 8:46

Principal Place of Business

500 REYNOLDS DR
RUSTON LA 71270

Mailing Address

P.O. BOX 1084
RUSTON LA 71273-1084

2. Principal Place of Business

11441 Industriplex

3. Mailing Address

11441 Industriplex

Suite, Apt. #, etc.

Suite 140

Suite, Apt. #, etc.

Suite 140

City & State

Baton Rouge LA

City & State

Baton Rouge LA

Zip

Country

70809

Zip

Country

70809

4. FEI Number

38-3424695

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

7. Name and Address of New Registered Agent

Name

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

City

FL

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.

SIGNATURE

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

TITLE MGR ☐ Delete
NAME IAFRATE, ANGELO E
STREET ADDRESS 26400 SHERWOOD
CITY- ST- ZIP WARREN MI 48091

TITLE MGR ☐ Delete
NAME IAFRATE, DOMINIC
STREET ADDRESS 26400 SHERWOOD
CITY- ST- ZIP WARREN MI 48091

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
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TITLE ☐ Delete
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CITY- ST- ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY- ST- ZIP

10. ADDITIONS/CHANGES

TITLE ☐ Change ☐ Delete
NAME 500003121575--4
STREET ADDRESS -02/02/00--01104--016
CITY- ST- ZIP *****50.00 *****50.00

TITLE ☐ Change ☐ Delete
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TITLE ☐ Change ☐ Delete
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: X

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

January 14, 2000

Date

810-756-1011

Daytime Phone #