


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

FILED
May 14, 2003 8:00 am
Secretary of State

04-28-2003 90080 046 ****50.00

DOCUMENT # L02000013780

1. Entity Name
MARCO GIANCOLA, P.A., L.C.



Principal Place of Business Mailing Address

~~4675 PONCE DE LEON BOULEVARD, SUITE 305
CORAL GABLES FL 33146~~ ~~4675 PONCE DE LEON BOULEVARD, SUITE 305
CORAL GABLES FL 33146~~

44001545



2. Principal Place of Business 3. Mailing Address

2199 Ponce de Leon Blvd **2199 Ponce de Leon Blvd**

Suite, Apt. #, etc. Suite, Apt. #, etc.

Suite 301 **Suite 301**

CHECK HERE IF MAKING CHANGES

City & State City & State

Coral Gables FL **Coral Gables FL**

Zip Country Zip Country

33134 **USA** **33134** **USA**

4. FEI Number Applied For

03-0460105 Not Applicable

5. Certificate of Status Desired \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent

STINSON, LOUIS JR.
4675 PONCE DE LEON BOULEVARD, SUITE 305
CORAL GABLES FL 33146

Name: **Stewart Agent Services**
Street Address (P.O. Box Number is Not Acceptable): **2199 Ponce de Leon Blvd**
Suite 301
City: **Coral Gables** FL Zip Code: **33134**

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: *[Signature]* **Manager** **3/24/03**

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 Florida Department of State
Due By May 1, 2003

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
		MGRM Giancola, Marco 1181 NG 86 Street Miami FL 33138	
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
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
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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

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 of the preparer or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: *[Signature]* **REQUIRED** **4.21.03** **305 754 3004**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

CR2E083 (10/02)