

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

~~4075 PONCE DE LEON BOULEVARD, SUITE 305~~
~~CORAL GABLES FL 33146~~

~~4075 PONCE DE LEON BOULEVARD, SUITE 305~~
~~CORAL GABLES FL 33146~~

44001545



2. Principal Place of Business

3. Mailing Address

2199 Ponce de Leon Blvd
Suite, Apt. #, etc.
Suite 301

2199 Ponce de Leon Blvd
Suite, Apt. #, etc.
Suite 301

City & State
Coral Gables FL

City & State
Coral Gables FL

4. FEI Number

03-0460105

Applied For
Not Applicable

Zip
33134

Country
USA

Zip
33134

Country
USA

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.
4075 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

Stewart Agent

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"/> Delete
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
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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"/> Change <input type="checkbox"/> Addition

MGRM
Biercola, Marco
1181 NG 86 Street
Miami FL 33138

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 filer or trustee empowered to execute this report as required by Chapter 606, Florida Statutes.

SIGNATURE

Marco Biercola

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)