

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 08, 2002 8:00 am
Secretary of State

05-08-2002 90083 047 ****50.00

DOCUMENT # L00000001581

1. Entity Name

AMARETTO REALTY CO., LLC

Principal Place of Business

**AMARETTO REALTY CO., LLC
 14401 NORTH 2ND ST.
 TAMPA FL 33613**

Mailing Address

**AMARETTO REALTY CO., LLC
 14401 NORTH 2ND ST.
 TAMPA FL 33613**

2. Principal Place of Business

Amaretto Realty Co. LLC

3. Mailing Address

405 TARRYTOWN RD. #421

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Tampa, FL

White Plains, N.Y.

Zip

Zip

33613

Country

Country

Hillsborough

10607

Country

Westchester



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-3686377

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

**GREEN, STEVE
 AMARETTO REALTY CO., LLC
 14401 NORTH 2ND ST.
 TAMPA FL 33613**

7. Name and Address of New Registered Agent

Name

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

1440 NORTH 22nd Street

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

Steven Green - President

(NOTE: Registered Agent signature required when reinstating)

4/16/02

DATE

**FILE NOW!!! FEE IS \$50.00
 Make Check Payable to Department of State
 Due By May 1, 2002**

9. MANAGING MEMBERS/MANAGERS

TITLE **P** ☐ Delete
 NAME **GREEN, STEVEN**
 STREET ADDRESS **405 TARRYTOWN RD., #421**
 CITY-ST-ZIP **WHITE PLAINS NY 10607**

TITLE ☐ Delete
 NAME
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 CITY-ST-ZIP

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 CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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 STREET ADDRESS
 CITY-ST-ZIP

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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:

Signature Required

Steven Green, Pres 4/16/02 914-9083157

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

CR2E083 (9/01)