

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L00000004003

1. Entity Name
RPM WAREHOUSE, LLC

FILED

01 APR 25 PM 5:56

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
777 BRICKELL AVENUE, SUITE 1070
MIAMI FL 33131

Mailing Address
777 BRICKELL AVENUE, SUITE 1070
MIAMI FL 33131



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
321 South East 15th Ave
Suite, Apt. #, etc.

3. Mailing Address
321 South East 15th Ave
Suite, Apt. #, etc.

City & State
Fort Lauderdale FL
Zip 33301 Country

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Fort Lauderdale FL
Zip 33301 Country

4. FEI Number Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

MONTELLO, LOUIS R
777 BRICKELL AVENUE, SUITE 1070
MIAMI FL 33131

7. Name and Address of New Registered Agent

Name David G. Murray, P.A.
Street Address (P.O. Box Number is Not Acceptable)
321 South East 15th Avenue
City Fort Lauderdale FL Zip Code 33301

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 4/16/01

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State

000004164336--6
-05/09/01--01022--018
*****50.00 *****50.00

9. MANAGING MEMBERS/MEMBERS

TITLE MGR
NAME MASUCCI, RAYMOND
STREET ADDRESS 777 BRICKELL AVENUE, SUITE 1070
CITY-ST-ZIP MIAMI FL 33131 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
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CITY-ST-ZIP ☐ Delete

TITLE
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STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS 321 South East 15th Avenue
CITY-ST-ZIP Fort Lauderdale FL 33301 ☒ Change ☐ Addition

TITLE MGR
NAME Robert Masucci
STREET ADDRESS 321 South East 15th Ave
CITY-ST-ZIP Fort Lauderdale FL 33301 ☐ Change ☒ Addition

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

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

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ 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 or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

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

Date

Daytime Phone #

CR2E083 (11/00)