

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 30, 2002 8:00 am**  
**Secretary of State**

04-30-2002 90192 019 \*\*\*\*50.00

**DOCUMENT # L00000004003**

1. Entity Name

**RPM WAREHOUSE, LLC**

Principal Place of Business

**321 SOUTH EAST 15TH AVE  
 FORT LAUDERDALE FL 33301**

Mailing Address

**321 SOUTH EAST 15TH AVE  
 FORT LAUDERDALE FL 33301**

2. Principal Place of Business

**239 Western Ave.**

3. Mailing Address

**239 Western Ave.**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State  
**Staten Island, NY**

City & State  
**Staten Island, NY**

4. FEI Number

**65-0995608**

**APPLIED FOR**

Applied For

Not Applicable

Zip  
**10303**

Country  
**USA**

Zip  
**10303**

Country  
**USA**

5. Certificate of Status Desired ☐

**\$5.00** Additional  
 Fee Required

6. Name and Address of Current Registered Agent

**MURRAY, DAVID G PA  
 321 SOUTH EAST 15TH AVENUE  
 FT LAUDERDALE FL 33301**

7. Name and Address of New Registered Agent

Name  
**Murray, David G., Esq.**

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

**1401 E. Broward Blvd. #200**

City  
**Ft. 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

**4-10-02**

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

9. MANAGING MEMBERS/MANAGERS

TITLE  
**MGR** ☐ Delete  
 NAME  
**MASUCCI, RAYMOND**  
 STREET ADDRESS  
**321 SOUTH EAST 15TH AVENUE**  
 CITY-ST-ZIP  
**FORT LAUDERDALE FL 33301**

TITLE  
**MGR** ☐ Delete  
 NAME  
**MASUCCI, ROBERT**  
 STREET ADDRESS  
**321 SOUTH EAST 15TH AVENUE**  
 CITY-ST-ZIP  
**FORT LAUDERDALE FL 33301**

TITLE  
 NAME ☐ Delete  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  
 NAME ☐ Delete  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  
 NAME ☐ Delete  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  
 NAME ☐ Delete  
 STREET ADDRESS  
 CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE ☒ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
**239 Western Ave.**  
 CITY-ST-ZIP  
**Staten Island, NY 10303**

TITLE ☒ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
**239 Western Ave.**  
 CITY-ST-ZIP  
**Staten Island, NY 10303**

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

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

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

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

Date

Daytime Phone #

**4/12/02**

CR2E083 (9/01)

0012850

**947832**



DO NOT WRITE IN THIS SPACE