

2021 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 00000004320

1. Entity Name

Port Everglades Freezer Partners LLC

Principal Place of Business

Mailing Address

536 Fayette St.
Perth Amboy, NJ 08861

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-1020764

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$5.00 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Breit, Richard H
3111 Stirling Road
Fort Lauderdale, FL 33312

Allen M. Levine
Becker & Poliakoff
3111 Stirling Road
Fort Lauderdale FL 33312

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

Allen M. Levine

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 Department of State

800004513448--5

-08/03/01--01005--007

*****25.00 *****25.00

9. MANAGING MEMBERS/MEMBERS

10. ADDITIONS/CHANGES

TITLE MGR
NAME John Galiner
STREET ADDRESS 30 Hoagland Ct
CITY-ST-ZIP Bridgewater, NJ 08807

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE MGR
NAME John Giacobelli
STREET ADDRESS 900 Palisades Ave Apt 2105
CITY-ST-ZIP Fort Lee, NJ 07024

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE MGR
NAME Richard Giacobelli
STREET ADDRESS 16 Woodcliff Road
CITY-ST-ZIP Woodcliff Lake, NJ 07675

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE MGR
NAME Joseph Scott
STREET ADDRESS 7 Greenwood Road
CITY-ST-ZIP Old Tappan, NJ 07675

TITLE
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STREET ADDRESS
CITY-ST-ZIP

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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 #

CR2E083 (11/00)