

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 04, 2002 8:00 am
Secretary of State

06-04-2002 90220 043 ****50.00

DOCUMENT # L00000005435

1. Entity Name
FG 2200, LLC

Principal Place of Business

631 U.S. HIGHWAY 1, SUITE 206E
 NORTH PALM BEACH FL 33408

Mailing Address

631 U.S. HIGHWAY 1, SUITE 206E
 NORTH PALM BEACH FL 33408

568508

2. Principal Place of Business

1840 N. COMMERCE HWY
 Suite, Apt. #, etc.
 #3

3. Mailing Address

1840 N. COMMERCE HWY #3

City & State

Weston, FL

City & State

Weston, FL

Zip

33326

Country

US

Zip

33326

Country

US



DO NOT WRITE IN THIS SPACE

4. FEI Number 65-1018581

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

MENDICINO, DANIEL
 631 U.S. HIGHWAY 1, SUITE 206E
 NORTH PALM BEACH FL 33408

7. Name and Address of New Registered Agent

Name

Stays the same to Andrew

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

1840 N. COMMERCE HWY #3

City

Weston, FL

Zip Code

33326

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]

(NOTE: Registered Agent signature required when reinstating)

4-24-02

DATE

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

9. MANAGING MEMBERS/MANAGERS

TITLE NAME MGRM MENDICINO, DANIEL
 STREET ADDRESS 118 BOWSPRIT DRIVE
 CITY-ST-ZIP NORTH PALM BEACH FL 33408 ☐ Delete

TITLE NAME MGRM REX, ALBERT
 STREET ADDRESS 2805 HACKNGY ROAD
 CITY-ST-ZIP WESTON FL 33331 ☐ Delete

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

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

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

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

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

TITLE NAME ☐ Change ☐ Addition
 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 of the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

[Signature]

4-24-02

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

Date

Daytime Phone #

CR2E083 (9/01)