

**2002 UNIFORM BUSINESS REPORT (UBR)****FILED**  
**Feb 04, 2002 8:00 am**  
**Secretary of State**

02-04-2002 90108 042 \*\*\*\*50.00

**DOCUMENT # L00000005867****1. Entity Name**  
**PORTELA, LLC****Principal Place of Business**  
**12 HIGH MEADOW ROAD NORTH**  
**SADDLE RIVER NJ 07458****Mailing Address**  
**12 HIGH MEADOW ROAD NORTH**  
**SADDLE RIVER NJ 07458****2. Principal Place of Business****3. Mailing Address**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

Zip

Country

Zip

Country

**4. FEI Number** **58-2559614**Applied For  
Not Applicable**5. Certificate of Status Desired** ☐ **\$5.00 Additional Fee Required****6. Name and Address of Current Registered Agent****7. Name and Address of New Registered Agent****KANCILIA, JOHN R-ESQ**  
**1686 HIBISCUS BLVD**  
**MELBOURNE FL 32901**

Name

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

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**

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**  
**Due By May 1, 2002****9. MANAGING MEMBERS/MANAGERS****10. ADDITIONS/CHANGES****TITLE**  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**  
**MGR**  
**RAMIREZ, MANUEL**  
**12 HIGH MEADOW ROAD NORTH**  
**SADDLE RIVER NJ 07458**☐ Delete**TITLE**  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**  
☐ Change ☐ Addition**TITLE**  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**  
**MGR**  
**RAMIREZ, JOSE**  
**25 KELL AVE**  
**STATEN ISLAND NY 10314**☐ Delete**TITLE**  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**  
☐ Change ☐ Addition**TITLE**  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**  
**MGR**  
**RIVAS, MANUEL**  
**30 ARMSTRONG AVE**  
**WAYNE NJ 07474**☐ Delete**TITLE**  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**  
☐ Change ☐ Addition**TITLE**  
**NAME**  
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**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 #

201-934-6226

CR2E083 (9/01)