

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 19, 2002 8:00 am**  
**Secretary of State**

02-19-2002 90031 026 \*\*\*\*50.00

**DOCUMENT # L00000005986**

1. Entity Name

**FG BRAC, 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**

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

**250 Australian Avenue South**

Suite, Apt. #, etc.

**Suite 500**

**City & State  
 West Palm Beach, Florida**

Zip

Country

**33401**

**USA**

4. FEI Number

**65-1075020**

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

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

Name

**Arthur J. Menor, Esquire**

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

**250 Australian Avenue South**

**Suite 500**

City

**West Palm Beach**

**FL**

Zip Code

**33401**

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  
**MGRM  
 MENDICINO, DANIEL  
 118 BOWSPRIT DRIVE  
 NORTH PALM BEACH FL 33408** ☐ Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
**MANAGING MEMBER  
 MENDICINO, DANIEL  
 5709 COURTLAND PLACE  
 ALEXANDRIA, LA 71301** ☒ Change ☐ Addition

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
☐ Delete

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

TITLE  
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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 REQUIRED**

**1/26/01**

**561-239-0126**

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

Date

Daytime Phone #

CR2E083 (9/01)