

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 06, 2002 8:00 am
Secretary of State
 05-06-2002 90130 032 ****50.00

DOCUMENT # L00000Q06729

1. Entity Name

CASCIONE HOLDINGS, LLC.

Principal Place of Business

Mailing Address

12260 SW 2ND STREET
 PLANTATION FL 33325

12260 SW 2ND STREET
 PLANTATION FL 33325

954367



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

1001 S. South Lake Drive

1001 S. South Lake Drive

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Hollywood, Florida

City & State

Hollywood, Florida

Zip

Country

33019

USA

Zip

Country

33019

USA

4. FEI Number

NOT APPLICABLE

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

LAMONT & NEIMAN PA
 ONE BISCAYNE TOWER 3550
 TWO SOUTH BISCAYNE BLVD
 MIAMI FL 33131

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
CASCIONE, NICHOLAS
12260 SW 2 ST
PLANTATION FL 33325

☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
 1001 S. South Lake Drive
 Hollywood, Florida 33019

☒ Change

☐ Addition

TITLE
 NAME
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 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:

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

4/22/02

305-530-9400

Date

Daytime Phone #

CR2E083 (9/01)