

2002 UNIFORM BUSINESS REPORT (UBR)

0017156

DOCUMENT # L00000009239

1. Entity Name
ANTHONY-MARTIN & ASSOCIATES, LLC

FILED

02 JUN 14 PM 2:08

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
**2225 S. OCEAN BLVD., UNIT #1
DELRAY BEACH FL 33483**

Mailing Address
**2225 S. OCEAN BLVD., UNIT #1
DELRAY BEACH FL 33483**

2. Principal Place of Business
2410 NW 36th St.

3. Mailing Address
2410 NW 36th St.

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State
Boca Raton, Fl. 33431

City & State
Boca Raton, Fl. 33431

Zip Country
33431 US

4. FEI Number
65-1032696

Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **\$5.00 Additional Fee Required**

6. Name and Address of Current Registered Agent

~~MARTIN CATALINO~~
~~2573 NW 59TH STREET~~
~~BOCA RATON FL 33486~~

7. Name and Address of New Registered Agent

Name
Nancy Colman, Esq.

Street Address (P.O. Box Number is Not Acceptable)
Dreier, Baritz & Colman

150 E. Palmetto Park Rd., Suite 750

City
Boca Raton

FL Zip Code
33432

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 **Nancy B. Colman (Nancy Colman)** 4/25/02

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM FIORIO, ANTHONY D 2410 NW 36TH STREET BOCA RATON FL 33431	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM CATALINO, MARTIN 2573 NW 59TH STREET BOCA RATON FL 33486	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES

TITLE NAME STREET ADDRESS CITY-ST-ZIP	400005911944--2 -06/21/02--01072--018 *****50.00 *****50.00	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	BK	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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**

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

4/24/02 861-278-8455

Date Daytime Phone #

CR2E083 (9/01)