

# 2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 03, 2003 8:00 am**  
**Secretary of State**

03-03-2003 90009 007 \*\*\*\*55.00

**DOCUMENT # L00000009239**

1. Entity Name

**ANTHONY FIORIO & ASSOCIATES, LLC**



Principal Place of Business

**2410 N.W. 36TH STREET  
BOCA RATON FL 33431**

Mailing Address

**2410 N.W. 36TH STREET  
BOCA RATON FL 33431**

2. Principal Place of Business

**530 N.E. 2ND STREET**

Suite, Apt. #, etc.

3. Mailing Address

**530 N.E. 2ND STREET**

Suite, Apt. #, etc.



☐ CHECK HERE IF MAKING CHANGES

City & State

**DELRAY BEACH, FLORIDA**

Zip

**33483**

Country

**U.S.A.**

City & State

**DELRAY BEACH, FLORIDA**

Zip

**33483**

Country

**U.S.A.**

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

**COLMAN, NANCY ESQ.  
C/O DREIER, BARITZ & COLMAN  
150 E. PALMETTO PARK ROAD, SUITE 750  
BOCA RATON FL 33432**

7. Name and Address of New Registered Agent

Name **ROBERT E. ADELSON**

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

**190 S.E. 5TH AVE.**

City **DELRAY BEACH**

State **FL**

Zip Code **33483**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

*[Signature]*

**ROBERT E. ADELSON**

**01-30-2003**

Signature typed and 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 Florida Department of State  
Due By May 1, 2003**

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM FIORIO, ANTHONY D 2410 N.W. 36TH STREET BOCA RATON FL 33431</b>	<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
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	<b>MGRM ANTHONY D. FIORIO 2402 N.W. 36TH ST. BOCA RATON, FL 33431</b>	<input checked="" 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
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]*

**SIGNATURE REQUIRED**

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

Date

Daytime Phone #

CP2E083 (10/02)