

# 2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 21, 2003 8:00 am**  
**Secretary of State**

01-21-2003 90321 008 \*\*\*150.00

**DOCUMENT # L00000009477**

1. Entity Name

**CONGRESS INDUSTRIAL SQUARE, L.L.C.**



Principal Place of Business

**125 NORTH CONGRESS AVENUE, SUITE 1 & 2  
DELRAY BEACH FL 33444**

Mailing Address

**125 NORTH CONGRESS AVENUE, SUITE 1 & 2  
DELRAY BEACH FL 33444**

20012643

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **65-1032350**

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

**SPADAVECCHIA, JOHN  
125 NORTH CONGRESS AVENUE, SUITE 1 & 2  
DELRAY BEACH FL 33444**

7. Name and Address of New Registered Agent

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

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 Florida Department of State**  
**Due By May 1, 2003**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE **MGRM** ☒ Delete  
NAME **SPADAVECCHIA, JOHN**  
STREET ADDRESS **125 NORTH CONGRESS AVENUE, SUITE 1 & 2**  
CITY-ST-ZIP **DELRAY BEACH FL 33444**

TITLE **MGRM** ☐ Change ☒ Addition  
NAME **DOMINICK SPADAVECCHIA**  
STREET ADDRESS **928 HYACINTH DR**  
CITY-ST-ZIP **DELRAY BCH FL 33483**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **MGRM** ☐ Change ☒ Addition  
NAME **VINCENT SPADAVECCHIA**  
STREET ADDRESS **5780 NW 62 TR**  
CITY-ST-ZIP **PARKLAND FL 33067**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
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CITY-ST-ZIP

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

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 #

CR2E083 (10/02)