2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L00000010864

1. Entity Name

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

FRANK VICINO INVESTMENTS, L.C.



Principal Place of Business Mailing Address 20011286 3100 N. OCEAN BLVD., UNIT 1507 3100 N. OCEAN BLVD., UNIT 1507 FT. LAUDERDALE FL 33308 FT. LAUDERDALE FL 33308 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. ☐ CHECK HERE IF MAKING CHANGES City & State City & State 4. FEI Number Applied For 65-1042785 Not Applicable Zip Country Zip Country \$5.00 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent MOFFA, JOSEPH C ONE FINANCIAL PLAZA, STE. 2202 Street Address (P.O. Box Number is Not Acceptable) FT. LAUDERDALE FL 33394 City 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 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 ☐ Delete TITLE Change Addition NAME VICINO, FRANK NAME STREET ADDRESS 3100 N. OCEAN BLVD., UNIT 1507 STREET ADDRESS CR2E083 CITY-ST-7IP FT. LAUDERDALE FL 33308 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Delete TITI F ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIF CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Chance Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME STREET ADDRESS STREET ADDRESS

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.

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

☐ Delete

SIGNATURE: 8 PIGNATURE REQUIRE

16466

934-422-5710

☐ Addition

Davtime Phone

☐ Change

FILED Jan 17, 2003 8:00 am Secretary of State

01-17-2003 90216 015 ****50 00