

# 2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 05, 2003 8:00 am**  
**Secretary of State**

05-05-2003 90691 014 \*\*\*\*55.00

**DOCUMENT # L00000011751**

1. Entity Name

**FORMULA FRANCHISING ITALIANO, LLC**



Principal Place of Business

1250 SW 27TH AVE  
#307  
MIAMI FL 33135

Mailing Address

1250 SW 27TH AVE  
#307  
MIAMI FL 33135

2. Principal Place of Business

6101 Blue Lagoon Drive

Suite, Apt. #, etc.

Suite 430

City & State

Miami, FL

Zip

33126

Country

3. Mailing Address

6101 Blue Lagoon Drive

Suite, Apt. #, etc.

Suite 430

City & State

Miami, FL

Zip

33126

Country



☐ CHECK HERE IF MAKING CHANGES

4. FEI Number **65-1053624**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

6. Name and Address of Current Registered Agent

HERMAN, ALISON P ESQ  
C/O BREIER AND SEIF PA  
2800 PONCE DE LEON BLVD SUITE 1125  
CORAL GABLES FL 33134

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

TITLE	Mgr.	<input type="checkbox"/> Delete
NAME	Roland M. Bolis	
STREET ADDRESS	6101 Blue Lagoon Dr. # 430	
CITY-ST-ZIP	Miami, FL 33126	
TITLE	V	<input type="checkbox"/> Delete
NAME	PARISI, ANGELO	
STREET ADDRESS	6101 Blue Lagoon Dr. Suite 430	
CITY-ST-ZIP	Miami, FL 33126	
TITLE	ST	<input type="checkbox"/> Delete
NAME	D'ANCONA, IRMA	
STREET ADDRESS	6101 Blue Lagoon Dr. Suite 430	
CITY-ST-ZIP	Miami, FL 33126	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

10. ADDITIONS/CHANGES

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 REQUIRED**

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

Date

Daytime Phone #

4/30/03

CR2E083 (10/02)