

2001 UNIFORM BUSINESS REPORT (UBR)

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DOCUMENT # L00000012340

1. Entity Name
THE RIPA FISHER AVENUE R E LIMITED LIABILITY COM

FILED

01 APR 27 PM 9:32

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business
10149 FISHER AVENUE
TAMPA FL 33619-7843

Mailing Address
10149 FISHER AVENUE
TAMPA FL 33619-7843

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3675398

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

RIPA, FRANK P
10149 FISHER AVENUE
TAMPA FL 33619-7843

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.

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 Department of State

9. MANAGING MEMBERS/MEMBERS

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGR
RIPA, FRANK P
10149 FISHER AVENUE
TAMPA FL 33619-7843 ☐ Delete

TITLE
NAME
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CITY-ST-ZIP
4000004212884--9
-05/11/01--01127--013
*****50.00 *****50.00 ☐ Change ☐ Addition

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CITY-ST-ZIP ☐ Change ☐ 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:

Frank P. Ripa

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

Date

Daytime Phone #

4/24/01

833/662-6777

CR2E083 (11/00)