

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L00000013285

1. Entity Name

BONITA GRANDE, L.L.C.

FILED

01 APR 20 PM 12:04

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

25810 HICKORY BLVD., APT. E207
BONITA SPRINGS FL 34134

Mailing Address

185 HILLSIDE AVENUE
WILLISTON PARK NY 11596

2. Principal Place of Business

3. Mailing Address

181 Hillside Ave.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Williston PARK

4. FEI Number

58-2584594

Applied For

Not Applicable

Zip

Country

Zip

Country

N.Y.

11596

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

BIANCANIELLO, ANTHONY J
25810 HICKORY BLVD., APT. E207
BONITA SPRINGS FL 34134

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 *MEM* NAME *Anthony J. Biancaniello* ☐ Delete
STREET ADDRESS *25810 Hickory Blvd. Apt E207*
CITY-ST-ZIP *Bonita Springs FL 34134*

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

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

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

TITLE NAME ☐ Change ☐ Addition
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~~

3-14-01

516-248-4080

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

Date

Daytime Phone #

0028926 AF

CR2E083 (11/00)



DO NOT WRITE IN THIS SPACE