

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L00000013805

1. Entity Name

RONALD J. PINTA, L.L.C.

Principal Place of Business

1242 E. RIDGEWOOD ST.
ORLANDO FL 32803

Mailing Address

1242 E. RIDGEWOOD ST.
ORLANDO FL 32803

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip Country

FILED
Jan 14, 2002 8:00 am
Secretary of State

01-14-2002 90019 028 *****50.00

902173



DO NOT WRITE IN THIS SPACE

4. FEI Number 11-3367652

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

PINTA, RONALD J
1242 E. RIDGEWOOD ST.
ORLANDO FL 32803

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.

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
Due By May 1, 2002

9. MANAGING MEMBERS/MANAGERS

TITLE MGRM
NAME PINTA, RONALD J TRUSTEE
STREET ADDRESS 1242 E. RIDGEWOOD ST.
CITY-ST-ZIP ORLANDO FL 32803 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
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TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

10. ADDITIONS/CHANGES

TITLE ☐ Change ☐ Addition

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

TITLE ☐ Change ☐ Addition

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

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
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:

[Handwritten Signature]

1-5-02 (407) 925-1316

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

Date

Daytime Phone #

CR2E083 (9/01)

0003474