

2001 UNIFORM BUSINESS REPORT (3R)

DOCUMENT # L00000015345

1. Entity Name

CHOICE PROPERTIES, L.C.

Principal Place of Business

Mailing Address

3270 OLEANDER WAY
POMPANO BEACH FL 33062

FILED

01 FEB 26 PM 8:01

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2. Principal Place of Business

3. Mailing Address

3270 OLEANDER WAY

Suite, Apt. #, etc.

Suite, Apt. #, etc.

POMPANO BEACH FL

City & State

City & State

4. FEL Number

Applied For

Not Applicable

DO NOT WRITE IN THIS SPACE

Zip
33062

Country
BROWARD

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

William A Gagliano
3270 OLEANDER WAY
POMPANO BEACH FL 33062

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

02 05 01

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
President
William A Gagliano
3270 OLEANDER WAY
POMPANO BEACH FL 33062

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

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☐ 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:

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

Date

Daytime Phone #

William A Gagliano

02 05 01

CR2E083 (11/00)