

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L01000000045

1. Entity Name

DAVID MORGAN FINE ARTS INTERNATIONAL, L.L.C.

FILED

01 SEP 24 PM 12:17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business

1300 SW 10TH ST.
DELRAY BEACH FL 33444

Mailing Address

1300 SW 10TH ST.
DELRAY BEACH FL 33444

2. Principal Place of Business

Suite, Apt. #, etc.

3. Mailing Address

C/O BLAKESBERG & COMPANY CPAS

951 SW 4TH AVE

Suite, Apt. #, etc.

City & State

City & State

BOCA RATON FL

4. FEI Number

☒ Applied For
☐ Not Applicable

Zip

Country

Zip

Country

33432

5. Certificate of Status Desired

☐ \$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

CAMINA, JEROME
1300 SW 10TH ST.
DELRAY BEACH FL 33444

7. Name and Address of New Registered Agent

WILLIAM J. BLAKESBERG

Street Address (P.O. Box Number is Not Acceptable)

951 SW 4TH AVENUE

City BOCA RATON

FL

Zip Code
33432

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

William J. Blakesberg
WILLIAM J. BLAKESBERG

7/19/01

Signature of person submitting this statement (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 September 26, 2001

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP
MGR CAMINA, JEROME 1300 SW 10TH ST. DELRAY BEACH FL 33444 ☐ Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP
MEMBER RALPH D'ALTILIA 80 COOLIDGE ROAD WORCHESTER, MA 01602 ☐ Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Delete

10. ADDITIONS/CHANGES

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

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

TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☒ Addition
900004616239--3
-09/28/01--01040--007
*****50.00 ☐ Change ☒ Addition

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

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

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

TITLE 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:

SIGNATURE REQUIRED

9/15/01

(561) 750-8300

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

0006652

CR2E083 (5/01)

STAPLE CHECK HERE