

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 18, 2002 8:00 am**  
**Secretary of State**

0016082

**DOCUMENT # L01000002453**

1. Entity Name

**CRAMER-FANELLI DESIGN GROUP, LLC**

03-18-2002 90087 046 \*\*\*\*50.00

Principal Place of Business

**401 NE MIZNER BLVD.  
#T722  
BOCA RATON FL 33432**

Mailing Address

**401 NE MIZNER BLVD.  
#T722  
BOCA RATON FL 33432**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

**65-1074911**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$5.00 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

**GLATER, MARK E CPA  
2514 HOLLYWOOD BLVD.  
SUITE 508  
HOLLYWOOD FL 33020**

7. Name and Address of New Registered Agent

Name

**Glater & Associates, PA**

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

**1560 Sawgrass Corp. Pkwy**

**4th Floor**

City

**Sunrise**

**FL**

Zip Code

**33323**

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

**Mark E. Glater** **Mark E. Glater CPA President**

**01-08-2002**

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

10. ADDITIONS/CHANGES

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**MGRM  
TARA A. CRAMER, INC.  
22304 CALIBRE COURT #1307  
BOCA RATON FL 33433** ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**MGRM  
FANELLI ENTERPRISES, INC.  
401 NE MIZNER BLVD.  
BOCA RATON FL 33432** ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
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STREET ADDRESS  
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☐ 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:

**Tara Cramer**

**3/1/02**

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

Date

Daytime Phone #

CR2E083 (9/01)