

**LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 22, 2002 8:00 am
Secretary of State

05-22-2002 90257 007 ****55.00

DOCUMENT # **L0100000 3755**

1. Entity Name

The F.O.R.E. MARKETING GROUP, LLC

DO NOT WRITE IN THIS SPACE

967844

2. Principal Place of Business

c/o Ralph Curod / 2271 S.E. 27th Drive

3. Mailing Address

SAME

DO NOT WRITE IN THIS SPACE

City & State

Homestead, FL.

City & State

4. FEI Number

Applied For

☒ Not Applicable

Zip

33035

Country

Zip

Country

5. Certificate of Status Desired

☒ **\$5.00 Additional Fee Required**

7. Name and Address of Current Registered Agent

Name

Ralph B. Curod III

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

2271 S.E. 27th Drive

City

Homestead,

FL

Zip Code

33035

**DO NOT WRITE
IN THIS SPACE**

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.

DATE

FEE IS \$50.00

Make Check Payable to Department of State

DUE BY MAY 1

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**Managing Member
Ralph B. Curod III
2271 S.E. 27th Drive
Homestead, Florida 33035**

TITLE
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CITY-ST-ZIP

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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 partner, officer, 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 #

Ralph B. Curod III

May 01, 2002

786-367-4255

CR2E083B (12/01)