

2002 UNIFORM BUSINESS REPORT (UBR)

0050116

DOCUMENT # L01000004697

1. Entity Name

STINO BUSINESS GROUP, LLC

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

02 AUG -1 PM 1:44

Principal Place of Business

3079 WHIRLAWAY TR.
TALLAHASSEE FL ~~92308~~

32309

Mailing Address

3079 WHIRLAWAY TR.
TALLAHASSEE FL ~~92308~~

32309

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

59-3708053

Applied For

Not Applicable

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

STINO, RAMZI F

3079 WHIRLAWAY TR.

TALLAHASSEE FL ~~92308~~ 32309

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

200006951532--6

-08/07/02--01064--025

*****50.00 *****50.00

9. MANAGING MEMBERS/MANAGERS

10.

ADDITIONS/CHANGES

TITLE *MGR* NAME *Ramzi Stino* ☐ Delete
STREET ADDRESS *3079 Whirlaway Tr.*
CITY-ST-ZIP *Tallahassee, FL 32309*

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

TITLE *MGR* NAME *Sharif Ragheb* ☐ Delete
STREET ADDRESS *3231 Shamrock E.*
CITY-ST-ZIP *TALL FL 32308*

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

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

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:

Ramzi Stino

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

8/1/2002 850.894-2614

Date

Daytime Phone #

CR2E083 (9/01)