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2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 18, 2002 8:00 am
Secretary of State
05-12-2002 90593 023 ****50.00

DOCUMENT # L01000007516

1. Entity Name

JUPITER IMPORT & EXPORT, L.L.C.

Principal Place of Business	Mailing Address
1000 NORTH US HIGHWAY 1 BER.301 JUPITER FL 33477	1000 NORTH US HIGHWAY 1 BER (301) JUPITER FL 33477

93377

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
	1000 N US1
Suite, Apt. #, etc.	Suite, Apt. #, ~~etc.~~ BER. (304)
City & State	City & State Jupiter, FL.
Zip / Country	Zip 33477 / Country Palm Beach

4. FEI Number 65-1105019 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

LEGGIO, ANTHONY W
1000 NORTH US HIGHWAY 1 BER.301
JUPITER FL 33477

7. Name and Address of New Registered Agent

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 ______________________ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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	MANAGER ANTHONY LEGGIO 1000 N US1 BER 301 Jupiter FL. 33477	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MANAGER GARY BROWN 1000 N US1 BER 304 Jupiter, FL. 33477	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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CR2E083 (9/01)

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 Anthony W Leggio — 4-26-02 — 561-575 2197
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #