

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L01000010295

1. Entity Name

FORELLI & MILLER, L.L.C.

Principal Place of Business

% JERRY M. SYROP
10585 NW 57TH COURT
CORAL SPRINGS FL 33076-2803

Mailing Address

% JERRY M. SYROP
10585 NW 57TH COURT
CORAL SPRINGS FL 33076-2803

2. Principal Place of Business

410 WILMA CIRCLE

Suite, Apt. #, etc.

204 304

3. Mailing Address

SAME

Suite, Apt. #, etc.

City & State

RIVIERA BEACH, FL

City & State

Zip

33404

Country

U.S.A.

Country

4. FEI Number

65-1121263

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

Name

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

10194 CANOE BROOK CIRCLE

City

BOCA RATON

FL

Zip Code

33498

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Jerry M. Syrop

(NOTE: Registered Agent signature required when reinstating)

07-09-02

DATE

FILE NOW!!! FEE IS \$50.00

Make Check Payable to Department of State

Due By September 25, 2002

9. MANAGING MEMBERS/MANAGERS

10.

ADDITIONS/CHANGES

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

☐ Delete

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

☐ Change

☒ Addition

MM

FRANCIS FORELLI

410 WILMA CIRCLE #304

RIVIERA BEACH, FL 33404

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

☐ Delete

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

☐ Change

☒ Addition

MM

JERRY M. SYROP

10194 CANOE BROOK CIRCLE

BOCA RATON, FL 33498-4651

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

☐ Delete

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

☐ Change

☐ Addition

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☐ Delete

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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:

Jerry M. Syrop

JERRY M. SYROP

07/09/02 477-2936

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

Date

Daytime Phone #

FILED

Aug 06, 2002 8:00 am
Secretary of State

07-16-2002 90372 002 ****50.00

40644



DO NOT WRITE IN THIS SPACE

CR2E083 (4/02)