

FILED
May 30, 2002 8:00 am
Secretary of State

05-08-2002 90084 038 ****50.00

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L01000010608

1. Entity Name

REPUBLIC ENTERPRISES, LLC



Principal Place of Business

Mailing Address

1380 N.W. 33RD ST.
POMPANO BEACH FL 33064

1380 N.W. 33RD ST.
POMPANO BEACH FL 33064

89925

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

65-1117080

Applied For

Not Applicable

5. Certificate of Status Desired



\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

MUCCI, MARK S ESQ.
BENSON, MOYLE & MUCCI, LLP
ONE FINANCIAL PLAZA, STE. 1600
FT LAUDERDALE FL 33394

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

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

TITLE NAME ☐ Delete

MANAGING MEMBER
JASON RETTEGARI
132 SE 18TH AV
DEERFIELD BLH FL. 33441

TITLE NAME ☐ Delete

~~MANAGING MEMBER~~
~~SEAN B. RETTEGARI~~

TITLE NAME ☐ Delete

MANAGING MEMBER
TIM ROBERTSON
2929 VIA NAPOLI
DEERFIELD BEACH FL. 33442

TITLE NAME ☐ Delete

~~MANAGING MEMBER~~
~~SEAN B. RETTEGARI~~

TITLE NAME ☐ Delete

~~MANAGING MEMBER~~
~~SEAN B. RETTEGARI~~

TITLE NAME ☐ Delete

~~MANAGING MEMBER~~
~~SEAN B. RETTEGARI~~

10. ADDITIONS/CHANGES

TITLE NAME ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition

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TITLE NAME ☐ 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:

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

Date

Daytime Phone #

CR2E083 (9/01)