

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 28, 2002 8:00 am
Secretary of State

07-28-2002 90171 015 ****50.00

DOCUMENT # L01000010940

1. Entity Name

ACQUAINT, LLC

Principal Place of Business

C/O JORGE SCIGLIANO
8180 NW 36 STREET, #100
MIAMI FL 33166

Mailing Address

C/O JORGE SCIGLIANO
8180 NW 36 STREET, #100
MIAMI FL 33166

971443

2. Principal Place of Business

3. Mailing Address

3115 GULFSTREAM BLVD N.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

102

City & State

City & State

NAPLES FL

Zip

Country

Zip

Country

34103

Collier

DO NOT WRITE IN THIS SPACE

4. FEI Number

65-1124548

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

JORGE SCIGLIANO

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

3115 GULFSTREAM BLVD N.

102

City

NAPLES

FL

Zip Code

34103

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

7/18/02

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
MGRM
JORGE RAUL SCIGLIANO
8180 NW 36 STREET, #100
MIAMI FL 33166 ☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
JORGE RAUL SCIGLIANO ☒ Change ☐ Addition
3115 GULFSTREAM BLVD N. #102
NAPLES, FL 34103

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
MGRM
FABIAN JORGE TOBIAS
8180 NW 36 STREET, #100
MIAMI FL 33166 ☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
FABIAN JORGE TOBIAS ☒ Change ☐ Addition
3115 GULFSTREAM BLVD N. #102
NAPLES, FL 34103

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
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 CITY-ST-ZIP
☐ Delete

TITLE
 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 of the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

SIGNATURE REQUIRED

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

Date

Daytime Phone #

7/18/02

239-434-9991

239-571-4930

CR2E083 (4/02)