

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L01000012314

1. Entity Name

PICCADILLY VENTURES LLC

Principal Place of Business

526 E. PARK AVE.
TALLAHASSEE FL 32301

Mailing Address

526 E. PARK AVE.
TALLAHASSEE FL 32301

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

6. Name and Address of Current Registered Agent

NRAI SERVICES, INC.
526 E. PARK AVE.
TALLAHASSEE FL 32301

4. FEI Number

NOT APPLICABLE

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$5.00 Additional
Fee Required

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
STREET ADDRESS
CITY-ST-ZIP
MANAGER
MESSODY BITTON
RABI TARDON 4 BNAI BAKKISRA

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

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10. ADDITIONS/CHANGES

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

TITLE
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CITY-ST-ZIP
☐ Change ☐ Addition

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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:

SIGNATURE REQUIRED

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

Date

Daytime Phone #

FILED
Jul 02, 2002 8:00 am
Secretary of State

03-20-2002 90041 008 ****50.00

07-02-2002 90818 014 ****50.00



DO NOT WRITE IN THIS SPACE

0001339

CR2E083 (9/01)

Attachment
Do it
201000012314

Law Offices Of Gilah F. Cohen, P.C.

969730

20 Carthay Circle, Newton, MA 02461

phone (617) 244-2617

fax (617) 244-2684

June 27, 2002

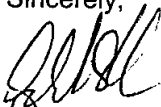
Florida Department of State
Division of Corporations
PO Box 6327
Tallahassee, FL 32314

Dear Madam/Sir:

I have been asked by Mrs. Messody Bitton to contact you with regard to the annual report of Piccadilly Ventures, LLC. This company is operating exclusively outside of the US, and the director is a non-US resident. The parties have been tolby the registered agents d that they do not require a FEI number. The box is therefore marked "not applicable.

Also enclosed is a check for \$50.

Sincerely,


Gilah Cohen