

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 07, 2002 8:00 am**  
**Secretary of State**

02-07-2002 90173 007 \*\*\*\*\*50.00

**DOCUMENT # L01000016652**

1. Entity Name

**MAXALUNA OF MIZNER, LLC**

✓

Principal Place of Business

**4225 GENESEE STREET  
 BUFFALO NY 14225**

Mailing Address

**4225 GENESEE STREET  
 BUFFALO NY 14225**

2. Principal Place of Business

3. Mailing Address

**2499 GLADES RD**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**STE 106**

City & State

City & State

**BOCA RATON FL**

Zip

Country

Zip

Country

**33431**

4. FEI Number

**65-1121958**

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

**SIEGEL, NAT  
 2499 GLADES ROAD, SUITE 106-B  
 BOCA RATON FL 33431**

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. **PRESIDENT** AGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE **JAMES A COSCATINO** ☐ Delete  
 NAME  
 STREET ADDRESS **4225 GENESEE**  
 CITY-ST-ZIP **CHELTENHAM NY 14225**

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

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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TITLE ☐ 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.

**DAVID GORTISIO**

SIGNATURE: **DAVID GORTISIO**

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

**1-1402 561-447-6848**

Date Daytime Phone #

CR2E083 (9/01)