9/30/2002-90174-010-$50.00-$50.00

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L01000016696

1. Entity Name
FIORELLO ENTERPRISES, LLC

FILED
02 NOV 26 AM 10: 21
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
81292

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
10501 DEEPBROOK DRIVE RIVERVIEW FL 33569	10501 DEEPBROOK DRIVE RIVERVIEW FL 33569

2. Principal Place of Business: 10520 JULIANO DRIVE
Suite, Apt. #, etc.: RIVERVIEW, FL.
City & State
Zip: 33569 Country: USA

3. Mailing Address: PO Box 3319
Suite, Apt. #, etc.
City & State: Sarasota, FL
Zip: 34230 Country

4. FEI Number: 59-3749647 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent
FIORELLO, NICHOLAS
10501 DEEPBROOK DRIVE
RIVERVIEW FL 33569

7. Name and Address of New Registered Agent
Name: GEORGE V. FAMIGLIO, JR. & ASSOCIATES
Street Address (P.O. Box Number is Not Acceptable): 1634 MAIN STREET
City: SARASOTA, FL Zip Code: 34236

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 ________ DATE 11/11/02
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $50.00
Make Check Payable to Department of State
Due By September 25, 2002

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	FIORELLO, NICHOLAS ☐ Delete
STREET ADDRESS	~~10501 DEEPBROOK DRIVE~~ 10520 JULIANO DR.
CITY-ST-ZIP	RIVERVIEW FL 33569
TITLE	MGRM
NAME	FIORELLO, KATHLEEN G ☐ Delete
STREET ADDRESS	~~10501 DEEPBROOK DRIVE~~ 10520 JULIANO DR.
CITY-ST-ZIP	RIVERVIEW FL 33569
TITLE	☐ Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

10. ADDITIONS/CHANGES

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

CR2E083 (4/02)

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: Nicholas Fiorello REQUIRED 9/25/02 813-866-1486
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #