

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 17, 2003 8:00 am
Secretary of State

07-17-2003 90023 001 ****50.00

DOCUMENT # L01000018548

1. Entity Name

CHARLES AIESI L.L.C.



Principal Place of Business

181 N.W. 44TH ST
OAKLAND PARK FL 33309

Mailing Address

181 N.W. 44TH ST
OAKLAND PARK FL 33309

2. Principal Place of Business

181 W. PROSPECT ROAD

3. Mailing Address

181 W. PROSPECT ROAD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

FT. LAUDERDALE, FL

City & State

FT. LAUDERDALE, FL

Zip

33309

Country

USA

Zip

33309

Country

USA

4. FEI Number

65-0333563

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

AIESI, CHARLES
481 N.W. 44TH ST
OAKLAND PARK FL 33309

7. Name and Address of New Registered Agent

Name **AIESI, CHARLES**
Street Address (P.O. Box Number is Not Acceptable)
181 W. PROSPECT ROAD

City **FT. LAUDERDALE** FL Zip Code **33309**

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

CHARLES AIESI

7/11/03

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By September 24, 2003

9. MANAGING MEMBERS / MANAGERS

TITLE **P** ☒ Delete
NAME **AIESI, CHARLES**
STREET ADDRESS **181 W PROSPECT ROAD**
CITY-ST-ZIP **FORT LAUDERDALE FL 33309**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS / CHANGES

TITLE **PRESIDENT** ☒ Change ☐ Addition
NAME **AIESI, CHARLES**
STREET ADDRESS **181 W. PROSPECT ROAD**
CITY-ST-ZIP **FT. LAUDERDALE, FL 33309**

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

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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: *Charles Aiesi*

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

REQUIRED

CHARLES AIESI

7/11/03

Date

Daytime Phone #

(954) 739-7764

CR2E083 (4/03)