

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 06, 2002 8:00 am**  
**Secretary of State**

05-06-2002 90195 031 \*\*\*\*50.00

**DOCUMENT # L01000019931**

1. Entity Name

**PELEBRA LLC**

Principal Place of Business

**5300 N.W. 33RD AVE.  
 STE. 119  
 FORT LAUDERDALE FL 33309**

Mailing Address

**5300 N.W. 33RD AVE.  
 STE. 119  
 FORT LAUDERDALE FL 33309**

2. Principal Place of Business

**5300 N.W. 33rd Ave**

3. Mailing Address

**5300 N.W. 33rd Ave.**

Suite, Apt. #, etc.

**- SUITE 119**

Suite, Apt. #, etc.

**SUITE 119**

City & State

**FORT LAUDERDALE, FL.**

City & State

**FORT LAUDERDALE, FL**

Zip

**33309**

Country

**U.S.A.**

Zip

**33309**

Country

**U.S.A.**



DO NOT WRITE IN THIS SPACE

4. FEI Number

☒ Applied For

☐ Not Applicable

5. Certificate of Status Desired

☐

**\$5.00 Additional  
 Fee Required**

6. Name and Address of Current Registered Agent

**ANGRISANO, ALFONSO M  
 5300 N.W. 33RD AVE.  
 STE. 119  
 FORT LAUDERDALE FL 33309**

7. Name and Address of New Registered Agent

Name **ALFONSO M. ANGRISANO**

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

**5300 N.W. 33rd Ave, Suite 119**

City

**FORT 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.

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 **DIRECTOR** ☐ Delete  
 NAME **ALFONSO M. ANGRISANO**  
 STREET ADDRESS **5300 N.W. 33rd Ave. Suite 119**  
 CITY-ST-ZIP **FORT LAUDERDALE FL 33309**

10. ADDITIONS/CHANGES

TITLE ☐ Change ☐ Addition

NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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 CITY-ST-ZIP

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.

SIGNATURE: **ALFONSO M. ANGRISANO**

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

**4/23/02 954-6770787**

Date

Daytime Phone #

CR2E083 (9/01)