

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 07, 2003 8:00 am
Secretary of State

02-07-2003 90012 004 ****50.00

DOCUMENT # L02000004828

1. Entity Name

FIORIO REALTY & INVESTMENTS, L.L.C.



Principal Place of Business

**2225 S. OCEAN BLVD.
DELRAY BEACH FL 33483**

Mailing Address

**2225 S. OCEAN BLVD.
DELRAY BEACH FL 33483**

2. Principal Place of Business

530 N.E. 2ND STREET

Suite, Apt. #, etc.

3. Mailing Address

530 N.E. 2ND STREET

Suite, Apt. #, etc.



☐ CHECK HERE IF MAKING CHANGES

City & State
DELRAY BEACH, FLORIDA

Zip

33483

Country

U.S.A.

City & State
DELRAY BEACH, FLORIDA

Zip

33483

Country

U.S.A.

4. FEI Number

04-3608625

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**COLMAN, NANCY B ESQ.
150 EAST PALMETTO PARK ROAD
SUITE 750
BOCA RATON FL 33432**

7. Name and Address of New Registered Agent

Name **ROBERT F. ADELSON**

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

190 S.E. 5TH AVENUE

City **DELRAY BEACH**

FL

Zip Code

33483

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 **Robert F. Adelson**

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

ROBERT F. ADELSON

(NOTE: Registered Agent signature required when reinstating)

JAN 29 2003

DATE

FILE NOW!!! FEE IS \$50.00

**Make Check Payable to Florida Department of State
Due By May 1, 2003**

9. MANAGING MEMBERS/MANAGERS

TITLE **MGR**
NAME **FIORIO, KIMBERLY J**
STREET ADDRESS **2225 S. OCEAN BLVD.**
CITY-ST-ZIP **DELRAY BEACH FL 33483**

☐ Delete

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10. ADDITIONS/CHANGES

TITLE **MGR KIMBERLEY**
NAME **KIMBERLEY J. FIORIO**
STREET ADDRESS **2402 N.W. 36TH STREET**
CITY-ST-ZIP **BOCA RATON, FL. 33431**

☒ Change

☐ Addition

TITLE
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☐ 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: **Kimberley J. Fiorio** **Kimberley J. Fiorio** **2-4-03** **(561)243-2881**

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

Date

Daytime Phone #

CR2E083 (10/02)