

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 13, 2003 8:00 am
Secretary of State

05-15-2003 90015 016 ****50.00

DOCUMENT # L02000006924

1. Entity Name

CONCEPT LAS PALMAS, L.L.C.



Principal Place of Business

4000 HOLLYWOOD BLVD. SUITE 350-N
C/O JEFFREY FEINBERG, ESQ.
HOLLYWOOD FL 33021

Mailing Address

4000 HOLLYWOOD BLVD. SUITE 350-N
C/O JEFFREY FEINBERG, ESQ.
HOLLYWOOD FL 33021

44004407

2. Principal Place of Business

1318 N OCEAN DRIVE

Suite, Apt. #, etc.

3. Mailing Address

1318 N OCEAN DRIVE

Suite, Apt. #, etc.

☐ CHECK HERE IF MAKING CHANGES

City & State

HOLLYWOOD, FL

City & State

HOLLYWOOD, FL

4. FEI Number

03-0473701

Applied For

Not Applicable

Zip

33019

Country

USA

Zip

33019

Country

5. Certificate of Status Desired

☐ \$5.00 Additional Fee Required

8. Name and Address of Current Registered Agent

FEINBERG, JEFFREY ESQ.
4000 HOLLYWOOD BLVD, SUITE 350-N
C/O JEFFREY FEINBERG, ESQ.
HOLLYWOOD FL 33021

7. Name and Address of New Registered Agent

Name DEBRA CASE

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

1318 N OCEAN DRIVE

City HOLLYWOOD

FL

Zip Code

33019

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

DEBRA CASE

03/14/03

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 Florida Department of State
Due By May 1, 2003

9. MANAGING MEMBERS/MANAGERS

TITLE	VICE PRESIDENT	☐ Delete
NAME	ANTHONY PROVENZANO	
STREET ADDRESS	221 NICHOLS ST	
CITY-ST-ZIP	CARMEL, NY 10512	
TITLE	SECRETARY/TREASURER	☐ Delete
NAME	RICHARD BARBADILLO	
STREET ADDRESS	87 WASHINGTON AVE	
CITY-ST-ZIP	GARDEN CITY, NY	
TITLE	PRESIDENT	☐ Delete
NAME	ANTHONY MANETTA	
STREET ADDRESS	144-58 SOUTH DRNE	
CITY-ST-ZIP	MALBA, NY	
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
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
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:

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

3/14/03

Date

Daytime Phone #

CR2E083 (10/02)