2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

3/4/200

FILED
Mar 24, 2003 8:00 am
Secretary of State
03-04-2003 90157 011 ****50.00

DOCUMENT # L02000017203

1. Entity Name
3505 N.W. 112TH STREET LLC

Principal Place of Business	Mailing Address
3505 N.W. 112TH STREET MIAMI FL 33167	3505 N.W. 112TH STREET MIAMI FL 33167

☑ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business		3. Mailing Address	
239 Western Ave.		239 Western Ave.	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State: Staten Island, NY		City & State: Staten Island, N.Y.	
Zip: 10303	Country: USA	Zip: 10303	Country: USA

4. FEI Number 81-0555908 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

DI STEFANO, PAUL V JR.
2440 MADRID STREET
CORAL GABLES FL 33134

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City **FL** Zip Code

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 ______________________
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		10. ADDITIONS/CHANGES	
TITLE: Member NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE: member/Managing member NAME: Raymond Masucci STREET ADDRESS: 239 Western Ave CITY-ST-ZIP: Staten Island, NY 10303	☐ Change ☑ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE: member/Manager NAME: Robert Masucci STREET ADDRESS: 61 Direnzo Ct. CITY-ST-ZIP: Staten Island, NY 10309	☐ Change ☑ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ 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: SIGNATURE REQUIRED 3/18/03
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

CR2E083 (10/02)