

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

0002313

DOCUMENT # L02000020899

1. Entity Name
VICTOR J. LABRUZZO, P.L.



FILED

2003 NOV 10 AM 9:47

DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

Principal Place of Business

Mailing Address

~~11 CENTURY LANE, SUITE 000~~
MIAMI BEACH FL 33139

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MIAMI BEACH FL 33139

2. Principal Place of Business

1717 NO BAYSHORE DR
Suite, Apt. #, etc. 3957

3. Mailing Address

SAME

City & State

Miami

City & State

FLORIDA

Zip

33132

Country

DADE

Zip

Country

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

7. Name and Address of New Registered Agent

LABRUZZO, VICTOR J.
~~11 CENTURY LANE, SUITE 000~~
MIAMI BEACH FL 33139

Name VICTOR J. LABRUZZO Esq. MGRM
Street Address (P.O. Box Number is Not Acceptable)
1717 NO. BAYSHORE DR.
S. 3957
City Miami FL Zip Code 33132

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 September 24, 2003

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE
NAME VICTOR J. LABRUZZO MGRM
STREET ADDRESS 1717 NO BAYSHORE DR. 3957
CITY-ST-ZIP Miami, FL 33132

TITLE
NAME
STREET ADDRESS 600024527736
CITY-ST-ZIP 11/10/03--01001--022 **50.00

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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

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

Date

Daytime Phone #

CR2E083 (4/03)