


# 2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 03, 2003 8:00 am**  
**Secretary of State**

03-03-2003 90001 045 \*\*\*\*50.00

**DOCUMENT # L02000021046**

1. Entity Name  
**MUGNANO REAL ESTATE, LLC**



Principal Place of Business      Mailing Address

**629 E. HILLSBORO BLVD.  
DEERFIELD BEACH FL 33441**      **629 E. HILLSBORO BLVD.  
DEERFIELD BEACH FL 33441**

2. Principal Place of Business      3. Mailing Address

**5725 NW 65 TERRACE**      **5725 NW 65 TERRACE**


Suite, Apt. #, etc.      Suite, Apt. #, etc.

City & State      City & State

**PARKLAND, FL**      **PARKLAND FL.**

Zip      Country      Zip      Country

**33067**      **FLORIDA**      **33067**      **FLORIDA**



CHECK HERE IF MAKING CHANGES

4. FEI Number **16-1624405**      Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent

**RAYMOND, JOHN J JR.  
1200 N. FEDERAL HIGHWAY SUITE 420  
BOCA RATON FL 33432**

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Florida Department of State**  
**Due By May 1, 2003**

9. MANAGING MEMBERS / MANAGERS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
	<b>MGR</b>	<b>MUGNANO, GENARO</b>	<b>629 E. HILLSBORO BLVD. DEERFIELD BEACH FL 33441</b>	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

10. ADDITIONS / CHANGES

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
		<del>5725 NW 65 TERRACE</del>	<del>PARKLAND, FL 33067</del>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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:** Gennaro Mugnano **SIGNATURE REQUIRED**      **3-1-03**      **954-755-7979**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE      Date      Daytime Phone #

CR2E083 (10/02)