

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
May 02, 2003 8:00 am
Secretary of State

05-02-2003 90578 018 *****50.00

DOCUMENT # L02000021781

1. Entity Name

REITANO BROTHERS, LLC



Principal Place of Business

**9101 LAKERIDGE BOULEVARD
BOCA RATON FL 33496**

Mailing Address

**9101 LAKERIDGE BOULEVARD
BOCA RATON FL 33496**

2. Principal Place of Business

1250 E HALLANDALE BCH BLVD

Suite, Apt. #, etc.

1004

City & State

HALLANDALE, FL

Zip

33009

Country

USA

3. Mailing Address

1250 E HALLANDALE BCH BLVD

Suite, Apt. #, etc.

1004

City & State

HALLANDALE, FL

Zip

33009

Country

USA



☐ CHECK HERE IF MAKING CHANGES

4. FEI Number

APPLIED FOR

☒ Applied For

☐ Not Applicable

5. Certificate of Status Desired

☐ **\$5.00 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**LAWRENCE, TEIG ESQ.
350 E. LAS OLAS BLVD., SUITE 1440
FORT LAUDERDALE FL 33301**

7. Name and Address of New Registered Agent

Name

THOMAS R. HERRERA

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

1250 E HALLANDALE BCH BLVD

City

**SUITE 1004
HALLANDALE**

FL

Zip Code

33009

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

Thomas R. Herrera

04/28/03

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	MGRM REITANO, GERARD A	<input type="checkbox"/> Delete
STREET ADDRESS	9101 LAKERIDGE BOULEVARD	
CITY-ST-ZIP	BOCA RATON FL 33496	
TITLE NAME	MGRM REITANO, GREGORY A	<input type="checkbox"/> Delete
STREET ADDRESS	9101 LAKERIDGE BOULEVARD	
CITY-ST-ZIP	BOCA RATON FL 33496	
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Delete
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CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		

10. ADDITIONS/CHANGES

TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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

GERARD A. REITANO

04/28/03

954-457-0970

Date

Daytime Phone #

CR2E083 (10/02)