2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L02000021831

1. Entity Name

CESARI CONSTRUCTION GROUP, LC



FILED Mar 03, 2003 8:00 am Secretary of State 03-03-2003 90007 008 ****50.00

				`	GOO WE TAN					
Principal Place of Business 648 ZACHARY DR. APOPKA FL 32712			Mailing Address 648 ZACHARY DR. APOPKA FL 32712							
2. Principal f	Place of Busine	ss	3. Mailing Address			-				
Suite, Apt	. #, etc.	· · · · · ·	Suite, Apt. #, etc.			☐ CHECK HERE IF MAKING CHANGES				
City & Star	te	المعالية السداريس المعالية الم	City & State			4. FEI Nur	mber 1-04795			pplied For
Zip		Country	Zip	Zip Country		-	ate of Status Desired		\$5.00 Ad	
6. Name and Address of Current Registered Agent						7 Nomes	nd Address of New		,	
	Or Marite L	The Address of California	legistered Agent	Na	me	7. Name a	illu Address of New	negistered A	igent .	
	GILL, PATRIC 4 East con					P.O. Box Nun	nber is Not Acceptab	ole)		
ORL	LANDO FL 32	801					· · · ·			
				Cit	•	 		FL	Zip Coo	
8. The above the obligat	named entity of named in a named	submits this statement for ed agent.	the purpose of changing its	registered offi	ce or register	ed agent, or l	both, in the State of F	Florida. I am f	amiliar with,	and accept
SIGNATURE	Signature, typed or	printed name of registered agent ar	nd title if applicable. (NOTE	E: Registered Agent	signature required	when reinstating)		DATE		
11			50 F 14					••		
•				OW!!! FEE		h .				
1			*Make Check Payabi			nt of State				
`			Due	e By May 1,	2003					
9. MANAGING MEMBERS/MANAGERS							ADDITIONS	S/CHANGES		
TITLE	MGRM		☐ Delete	TITLE				•	Change	☐ Addition
NAME	CESARI, PI			NAME						_
STREET ADDRESS	648 ZACH/			STREET ADDR	RESS					
CITY-ST-ZIP	APOPKA F	L 32712		CITY-ST-ZIP						
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11 I hereby c	ertify that the in	formation cumplied with the	nie filipa door oot qualify for	the evenesies	atatad in Cas	tion 110 07/0	OVO. Flactor Out to	A Constant of		

Increby 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:

<u>2-28-03</u>