

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L02000024578

1. Entity Name

CINQUINO & MAZZELLA, PLLC



FILED
03 MAR 11 AM 10:13
01-09-2003 90196 012 *****50.00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

800 VILLAGE SQUARE CROSSING, SUITE 214
PALM BEACH GARDENS FL 33410

Mailing Address

800 VILLAGE SQUARE CROSSING, SUITE 214
PALM BEACH GARDENS FL 33410

2. Principal Place of Business

Same as above

3. Mailing Address

Same as above

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

45-0486818

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

☐ \$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

CORPORATE CREATIONS NETWORK INC.
941 FOURTH STREET
MIAMI BEACH FL 33139

7. Name and Address of New Registered Agent

Name

Cinquino & Mazzella, PLLC

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

800 Village Square Crossing

Suite 214

City

Palm Beach Gardens

FL

Zip Code

33410

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 Michael A. Cinquino Jr. - Michael A. Cinquino Jr.

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

1/6/03

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

9. MANAGING MEMBERS/MANAGERS

TITLE MGR
NAME CINQUINO, MICHAEL A JR.
STREET ADDRESS 800 VILLAGE SQUARE CROSSING, SUITE 214
CITY-ST-ZIP PALM BEACH GARDENS FL 33410 ☐ Delete

TITLE MGR
NAME MAZZELLA, PHILIP C
STREET ADDRESS 800 VILLAGE SQUARE CROSSING, SUITE 214
CITY-ST-ZIP PALM BEACH GARDENS FL 33410 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
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CITY-ST-ZIP ☐ Delete

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CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
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STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
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STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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: Michael A. Cinquino Jr. - Michael A. Cinquino Jr.

1/6/03

561-126-9085

CR2E083 (10/02)