

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L94000000292

1. Entity Name

MARINO FAMILY, LIMITED COMPANY

Principal Place of Business

971 BRIARWOODS ROAD
FRANKLIN LAKES NJ 07417

Mailing Address

971 BRIARWOODS ROAD
FRANKLIN LAKES NJ 07417-1105

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3252097

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYES STREET
TALLAHASSEE FL 32301

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.

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 Department of State

9. MANAGING MEMBERS/MEMBERS

TITLE	MGR	<input checked="" type="checkbox"/> Delete
NAME	MARINO, DOMINIC	
STREET ADDRESS	971 BRIARWOODS ROAD	
CITY-ST-ZIP	FRANKLIN LAKES NJ 07417	
TITLE	MGR	<input type="checkbox"/> Delete
NAME	MARINO, JAMES	
STREET ADDRESS	971 BRIARWOODS ROAD	
CITY-ST-ZIP	FRANKLIN LAKES NJ 07417	
TITLE		<input type="checkbox"/> Delete
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10.

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CITY-ST-ZIP	

ADDITIONS/CHANGES

☐ Change ☒ Addition

MANAGER
FRAN FARRELL
11851 WEST HIGHWAY 326
OCALA, FLORIDA 34482

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*****50.00 *****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 AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

Date

Daytime Phone #

201-337-1648

January 20, 2000

FILED

00 JAN 24 PM 3:42

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE