

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L97000000642

1. Entity Name
BENEDICT REALTY I, LLC

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
00 AUG 14 AM 10:02

Principal Place of Business
765 JOHN RINGLING BLVD. #C38
SARASOTA FL 34236

Mailing Address
765 JOHN RINGLING BLVD. #C38
SARASOTA FL 34236

2. Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip

3. Mailing Address
c/o Peter Tesoriero, CPA
1186 Hylan Blvd.
Staten Island, NY 10305



DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0785910
Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

GIOVANUCCI, ALDO
765 JOHN RINGLING BLVD. #C38
SARASOTA FL 34236

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)

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State

08/23/00--01098--002
*****50.00 *****50.00

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR MANGONE FAMILY PARTNERSHIP, LP 765 JOHN RINGLING BLVD. #C38 SARASOTA FL 34236	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR GIOVANNUCCI FAMILY PARTNERSHIP, LP 765 JOHN RINGLING BLVD. #C38 SARASOTA FL 34236	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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: Aldo Giovannucci 7-28-00
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER Date Daytime Phone #