

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **L97000000814**

1. Entity Name

**TONY RISO COMPANY, L.C.**

FILED

01 MAY -7 PM 3:11

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business

Mailing Address

17070 COLLINS AVENUE SUITE 263  
MIAMI BEACH FL 33160

17070 COLLINS AVENUE SUITE 263  
MIAMI BEACH FL 33160

2. Principal Place of Business

**2641 NE 186 TERRACE**

Suite, Apt. #, etc.

3. Mailing Address

**2641 NE 186 TERRACE**

Suite, Apt. #, etc.

City & State

**N.M.B. FLORIDA**

City & State

**NMB FL.**

4. FEI Number

**65-0770747**

Applied For

Not Applicable

Zip

**33180**

Country

**USA**

Zip

**33180**

Country

**USA**

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**MISHAN, SLOTO, GREENBERG & HELLINGER, PA**  
**200 SOUTH BISCAYNE BLVD SUITE 2350**  
**MIAMI FL 33131**

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

10. ADDITIONS/CHANGES

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**MGR**  
**ATKIN, BENJAMIN**  
**17070 COLLINS AVENUE SUITE 263**  
**MIAMI BEACH FL 33160** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**MGR**  
**ATKIN, BENJAMIN**  
**2641 NE 186 TERRACE**  
**NMB FLORIDA 33180** ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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

TITLE  
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STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
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CITY-ST-ZIP ☐ Change ☐ Addition

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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #