

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L 99000000603

1. Entity Name **TIFFELLO PROPERTIES, L.L.C.**

FILED

00 APR 12 PM 2:10

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
**901 SE 17th STREET
FT. LAUDERDALE, FL
33316**

Mailing Address
**901 SE 17th STREET
FT. LAUDERDALE, FL
33316**

2. Principal Place of Business
P.O. BOX 9565
Suite, Apt. #, etc.

3. Mailing Address
P.O. BOX 9565
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
FORT LAUDERDALE, FL

City & State
FORT LAUDERDALE, FL

4. FEI Number
13-4045023

Applied For
☐ Not Applicable

Zip
33310

Country
BROWARD

Zip
33310

Country
BROWARD

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

~~ANDREW MITTELMAN~~
**901 S.E. 17th STREET
FORT LAUDERDALE, FL
33316**

Name **JOHN A. CAPPELLO**

Street Address (P.O. Box Number is Not Acceptable)
709 NE 22 DRIVE

City
WILTON MANORS

FL

Zip Code
33305

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 **John A. Cappello** **JOHN A. CAPPELLO** **4-8-00**
(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 **JOHN A. CAPPELLO** ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME **JOHN A. CAPPELLO** ☒ Change ☐ Addition
STREET ADDRESS **709 NE 22 DRIVE**
CITY-ST-ZIP **WILTON MANORS, FL 33305**

TITLE
NAME **PAUL W. TIFFAN** ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME **PAUL W. TIFFAN** ☒ Change ☐ Addition
STREET ADDRESS **709 NE 22 DRIVE**
CITY-ST-ZIP **WILTON MANORS, FL 33305**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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: **John A. Cappello** **JOHN A. CAPPELLO** **4-8-00**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER Date Daytime Phone #

CR2E083 (11/99)