

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **L99000000603**

1. Entity Name

TIFFELLO PROPERTIES, L.L.C.

APPROVED
AND
FILED

01 APR 27 PM 4:41

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

901 S.E. 17TH STREET
FORT LAUDERDALE FL 33316

Mailing Address

PO BOX 9565
FORT LAUDERDALE FL 33310

2. Principal Place of Business

709 NE 22 DRIVE

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City & State

WILTON MANORS, FL

City & State

Zip
33305

Country

BROWARD

Zip

Country

4. FEI Number

13-4045023

Applied For

Not Applicable

5. Certificate of Status Desired



\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

CAPPELO, JOHN

709 N.E. 22 DRIVE

WILTON MANORS FL 33305

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
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
CAPPELO, JOHN A
709 NE 22 DRIVE
WILTON MANORS FL 33305 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
TIFFAN, PAUL W
709 NE 22 DRIVE
WILTON MANORS FL 33305 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
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
100004194131--0
-05/10/01--01111--019
*******55.00 *****55.00**

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

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

TITLE
NAME
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: **John A. Cappello**

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

4/21/01 954-564-4035

Date Daytime Phone #

CR2E083 (11/00)

0028191 AF