

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L99000000603

1. Entity Name

TIFFELLO PROPERTIES, L.L.C.

Principal Place of Business

709 NE 22 DRIVE
WILTON MANORS FL 33305

Mailing Address

PO BOX 9565
FORT LAUDEDALE FL 33310

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

13-4045023

Applied For

Not Applicable

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

CAPPELLO, JOHN
709 N.E. 22 DRIVE
WILTON MANORS FL 33305

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
Due By May 1, 2002

9. MANAGING MEMBERS / MANAGERS

10. ADDITIONS / CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
CAPPELLO, JOHN A
709 NE 22 DRIVE
WILTON MANORS FL 33305

☐ Delete

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

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

☐ Delete

TITLE
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☐ 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:

John A. Cappello
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

JOHN A. CAPPELLO

JAN 22, 2002

Date

Daytime Phone #

954
564-4035

FILED
Jan 28, 2002 8:00 am
Secretary of State

01-28-2002 90006 004 ****55.00



DO NOT WRITE IN THIS SPACE

CR2E083 (9/01)