

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L99000000687

1. Entity Name

CAPPELLI DEVELOPMENT SOUTH, L.L.C.

FILED

00 JAN 18 AM 9:50

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

23138 L'HERMITAGE CIRCLE
BOCA RATON FL 33433

Mailing Address

23138 L'HERMITAGE CIRCLE
BOCA RATON FL 33433

2. Principal Place of Business

65 N.E 4TH AVE

Suite, Apt. #, etc.

3. Mailing Address

65 N.E 4TH AVE

Suite, Apt. #, etc.

City & State

DELRAY BEACH FL

City & State

DELRAY BEACH FL

4. FEI Number

65-0922543

Applied For

Not Applicable

Zip

33483

Country

USA

Zip

33483

Country

USA

5. Certificate of Status Desired

☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

CAPPELLI, MICHAEL

23138 L'HERMITAGE CIRCLE

BOCA RATON FL 33433

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

L'ERMITAGE CIRCLE

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

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 MGRM ☐ Delete

NAME CAPPELLI, MICHAEL A
STREET ADDRESS 23138 L'HERMITAGE CIRCLE
CITY-ST-ZIP BOCA RATON FL 33433

TITLE MGRM ☐ Delete

NAME CAPPELLI, LOUIS R
STREET ADDRESS 115 STEVENS AVENUE
CITY-ST-ZIP VALHALLA NY 10595

TITLE ☐ Delete

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete

NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS / CHANGES

TITLE ☐ Change ☐

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐

NAME
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TITLE ☐ Change ☐

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CITY-ST-ZIP

TITLE ☐ Change ☐

NAME
STREET ADDRESS
CITY-ST-ZIP

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 OR MANAGER

1/13/00

Date

561 272 0282

Daytime Phone #