

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
May 06, 2003 8:00 am
Secretary of State

05-06-2003 90062 008 ****50.00

DOCUMENT # L99000000704

1. Entity Name

DINOPETE'S, L.L.C.



Principal Place of Business

**4221 NORTH STATE ROAD 7
HOLLYWOOD FL 33021**

Mailing Address

**4221 NORTH STATE ROAD 7
HOLLYWOOD FL 33021**

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 **65-0892808**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

☐ CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**PIONEGRO, DONATO
5050 SOUTHWEST 87TH AVENUE
COOPER CITY FL 33328**

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. I am familiar with, and accept the obligations of registered agent.

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 Florida Department of State
Due By May 1, 2003

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE ~~MGRM~~ ☒ Delete
NAME ~~MALDERO, VITO~~
STREET ADDRESS ~~4800 SOUTHWEST 84TH WAY~~
CITY-ST-ZIP ~~DAVE FL 33314~~

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

TITLE MGRM ☐ Delete
NAME PIONEGRO, DONATO
STREET ADDRESS 5050 SOUTHWEST 87TH AVENUE
CITY-ST-ZIP COOPER CITY FL 33328

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

TITLE MGRM ☐ Delete
NAME PIONEGRO, PETER
STREET ADDRESS 5050 SOUTHWEST 87TH AVENUE
CITY-ST-ZIP COOPER CITY FL 33328

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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STREET ADDRESS
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TITLE ☐ Delete
NAME
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TITLE ☐ Change ☐ Addition
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]* **SIGNATURE REQUIRED**

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

Date

Daytime Phone #

4-26-03

CR2E083 (10/02)