

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 16, 2002 8:00 am
Secretary of State

04-16-2002 90092 029 *****50.00

DOCUMENT # L99000000852

1. Entity Name

ARE MANAGEMENT LC.

Principal Place of Business

**16241 BRIDLEWOOD CIRCLE
 DELRAY FL 33445**

Mailing Address

**16241 BRIDLEWOOD CIRCLE
 DELRAY FL 33445**

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

65-0894227

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

**STEVEN A. SCIARRETTA, PA.
 2300 GLADES RD
 SUITE 302E
 BOCA RATON FL 33431**

Name

Richard Scalesse

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

16241 BRIDLEWOOD CIRCLE

City

DeLray Beach

FL

Zip Code

33445

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

Richard Scalesse
 Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

3-31-02

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 **MGR** ☐ Delete
 NAME **SCALESSE, RICHARD S**
 STREET ADDRESS **16241 BRIDLEWOOD CIRCLE**
 CITY-ST-ZIP **DELRAY FL 33445**

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

TITLE **MGR** ☐ Delete
 NAME **SCALESSE, GAIL M**
 STREET ADDRESS **16241 BRIDLEWOOD CIRCLE**
 CITY-ST-ZIP **DELRAY FL 33445**

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
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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:

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

3-31-02

Date

Daytime Phone #

561-4982850

CR2E083 (9/01)