

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L99000005333

1. Entity Name  
NANCY DIMARZO, L.L.C.

FILED

01 JAN 25 AM 9:13

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business  
162 SE 5TH AVENUE  
DELRAY BEACH FL 33463

Mailing Address  
162 SE 5TH AVENUE  
DELRAY BEACH FL 33463

2. Principal Place of Business  
162 SE 5TH AVENUE  
Suite, Apt. #, etc.

3. Mailing Address  
162 SE 5TH AVENUE  
Suite, Apt. #, etc.

City & State  
DELRAY BEACH, FL.  
Zip  
33483  
Country  
Palm Beach

City & State  
DELRAY BEACH, FL.  
Zip  
33483  
Country  
Palm Beach

4. FEI Number NOT APPLICABLE  
Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

## 6. Name and Address of Current Registered Agent

DIMARZO, NANCY  
162 SE 5TH AVENUE  
DELRAY BEACH FL 33463

## 7. Name and Address of New Registered Agent

Name DIMARZO, NANCY  
Street Address (P.O. Box Number is Not Acceptable)  
162 SE 5TH AVENUE  
DELRAY BEACH, FLORIDA  
City DELRAY BEACH FL Zip Code 33483

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 NANCY DIMARZO  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)  
DATE 1-21-2001

FILE NOW!!! FEE IS \$50.00  
Make Check Payable to Department of State

## 9. MANAGING MEMBERS/MEMBERS

TITLE NAME MGRM  
STREET ADDRESS DIMARZO, NANCY  
CITY-ST-ZIP 162 SE 5TH AVENUE  
DELRAY BEACH FL 33463 ☐ Delete

TITLE NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

## 10. ADDITIONS/CHANGES

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

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

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

TITLE NAME ☐ Change ☐ Addition  
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: NANCY DIMARZO  
Signature AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE  
Date 1-21-2001 (561) 274-7595  
Daytime Phone #

CR2E083 (11/00)