

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L99000006054

1. Entity Name

MONTANARO BROTHERS, L.L.C.

Principal Place of Business

4113 HENDERSON BLVD.
TAMPA FL 33629

Mailing Address

4113 HENDERSON BLVD.
TAMPA FL 33629-5749

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

59-3597796

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

LAWSON, MONICA ZIMMER
ZIMMER & LAWSON ACCOUNTING SERVICE
2403 STATE STREET
TAMPA FL 33609

7. Name and Address of New Registered Agent

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

9. MANAGING MEMBERS/MEMBERS

TITLE NAME MGRM MONTANARO, ANGELO C ☐ Delete
STREET ADDRESS 485 W. DAVIS BLVD.
CITY- ST- ZIP TAMPA FL 33606

TITLE NAME MGRM MONTANARO, ANTHONY ☐ Delete
STREET ADDRESS 8981 CYPRESS CIRCLE
CITY- ST- ZIP NORTH ROYALTON OH 44133

TITLE NAME MGRM MONTANARO, BEVERLY ☐ Delete
STREET ADDRESS 8981 CYPRESS CIRCLE
CITY- ST- ZIP NORTH ROYALTON OH 44133

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 300003099693--5
CITY- ST- ZIP -01/14/00--01100--006
*****50.00 *****50.00

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

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

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

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

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

Date

Daytime Phone #

Angelo C. Montanaro
Angelo C. Montanaro

813-289-1634

CR2E083 (9/99)