

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 20, 2003 8:00 am
Secretary of State

02-20-2003 90023 015 ****50.00

DOCUMENT # L99000007357

1. Entity Name

STELLA REALTY, LLC



Principal Place of Business

**803 S.W. 14TH COURT
POMPANO BEACH FL 33060**

Mailing Address

**803 S.W. 14TH COURT
POMPANO BEACH FL 33060**

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 **65-0964585**

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

**PAGLIANTI, FRANK
4310 S. OCEAN BLVD., UNIT D
HIGHLAND BEACH FL 33487**

Name

JOANNE PAGLIANTI

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

16458 69TH STREET NORTH

City

LOXAHATCHEE

FL

Zip Code

33470

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 *Joanne Paglianti*

JOANNE PAGLIANTI

1/20/2003

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 **PAGLIANTI, FRANK**
STREET ADDRESS **4310 S. OCEAN BLVD., UNIT D**
CITY-ST-ZIP **HIGHLAND BEACH FL 33487**

TITLE **MGRM** ☒ Change ☐ Addition
NAME **PAGLIANTI, JOANNE**
STREET ADDRESS **16458 69TH STREET NORTH**
CITY-ST-ZIP **LOXAHATCHEE, FL. 33470**

TITLE **MGRM** ☐ Delete
NAME **BEHAN, GERARD**
STREET ADDRESS **6466 AMERWOODS DR.**
CITY-ST-ZIP **BOCA RATON FL 33433**

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

TITLE **MGRM** ☐ Delete
NAME **PAGLIANTI, MICHAEL**
STREET ADDRESS **2514 NW 27TH ST.**
CITY-ST-ZIP **BOCA RATON FL 33434**

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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: *Joanne Paglianti*

SIGNATURE REQUIRED

JOANNE PAGLIANTI

1/20/2003 786-8586

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

Date

Daytime Phone #

CR2E083 (10/02)