

# 2001 UNIFORM BUSINESS REPORT (UBR)

0013910 AF

DOCUMENT # L99000009072

1. Entity Name  
CIAO, LLC

FILED

2001 APR 30 PM 12:42

DIVISION OF CORPORATIONS



DO NOT WRITE IN THIS SPACE

Principal Place of Business  
4300 CATALFUMO WAY  
PALM BEACH GARDENS FL 33410

Mailing Address  
4300 CATALFUMO WAY  
PALM BEACH GARDENS FL 33410

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 65-0975758

Applied For  
Not Applicable

Zip Country Zip Country

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

JAMES E. JACOBY, P.A.  
4300 CATALFUMO WAY  
PALM BEACH FL 33410

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 \_\_\_\_\_ (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

10. ADDITIONS/CHANGES

TITLE NAME STREET ADDRESS CITY-ST-ZIP  
MGRM CATALFUMO MANAGEMENT AND INVESTMENTS, INC. 4300 CATALFUMA WAY PALM BEACH GARDENS FL 33410 ☐ Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP  
600004220076--0 -05/16/01--01076--001 \*\*\*\*\*50.00 \*\*\*\*\*50.00 ☐ Change ☐ Addition

TITLE NAME STREET ADDRESS CITY-ST-ZIP  
MGRM CATALFUMO, DANIEL S 4300 CATALFUMA WAY PALM BEACH GARDENS FL 33410 ☐ Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP  
600004220076--0 -05/16/01--01076--002 \*\*\*\*\*5.00 \*\*\*\*\*5.00 ☐ Change ☐ Addition

TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Delete

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

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

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: \_\_\_\_\_ Daniel S. Catalfumo 4/25/01 561-694-0000  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

CR2E083 (11/00)