

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # M00000000820

1. Entity Name

Prezzo Boca, LLC

FILED

01 MAY -1 PM 5:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

Mailing Address

2. Principal Place of Business

7820 Glades Rd

3. Mailing Address

1515 S. Federal Hwy

Suite, Apt. #, etc.

175

Suite, Apt. #, etc.

Suite 211

City & State

Boca Raton FL

City & State

Boca Raton FL

Zip

33434

Country

Palm Beach

Zip

33432

Country

Palm Beach

4. FEI Number

02-0516899

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$5.00 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

Corporation Service Company
1201 Hays Street
Tallahassee FL 32301-2525

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: Manager
NAME: Narotam S. Grewal
STREET ADDRESS: 28 Cedar Road
CITY-ST-ZIP: North Hampton NH 03862

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TITLE:
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

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10. ADDITIONS/CHANGES

TITLE:
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

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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:

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

Narotam S. Grewal

4/30/01

Date

561 417 6240

Daytime Phone #

CR2E083 (11/00)