

**LIMITED LIABILITY COMPANY  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Mar 07, 2003 8:00 am**  
**Secretary of State**

03-07-2003 90015 023 \*\*\*\*50.00

DOCUMENT # M02000003478

1. Entity Name

FORT PIERCE WAREHOUSE GROUP, L.L.C.



**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

**901 EDWARDS ROAD**

Suite, Apt. #, etc.

3. Mailing Address

**5801 N. CONGRESS AVENUE**

Suite, Apt. #, etc.  
**SUITE #202**

DO NOT WRITE IN THIS SPACE

City & State

**FT. PIERCE, FL**

City & State

**BOCA RATON, FL**

4. FEI Number

**31-0132347**

Applied For

Not Applicable

Zip

**32950**

Country

**ST. LUCIE**

Zip

**33487**

Country

**PALM BEACH**

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

7. Name and Address of Current Registered Agent

Name

**GEOFFREY MOMBACH (MOMBACH, BOYLE & HARDIN, PA)**

Street Address (P.O. Box Number is Not Acceptable)  
**500 E. BROWARD BLVD.**

**SUITE 1950**

City

**FT. LAUDERDALE**

**FL**

Zip Code

**33319**

**DO NOT WRITE  
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable

DATE

**FEE IS \$50.00**

**Make Check Payable to Florida Department of State  
DUE BY MAY 1**

9. MANAGING MEMBERS / MANAGERS

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

**MANAGING MEMBER**

**FRED BILOWIT**

**5801 N. CONGRESS AVENUE**

**BOCA RATON, FL 33487**

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

**MEMBER**

**ISRAEL SZMIGA**

**5801 N. CONGRESS AVENUE**

**BOCA RATON, FL 33487**

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

**MEMBER**

**STEVE WOLF**

**5801 N. CONGRESS AVENUE**

**BOCA RATON, FL 33487**

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

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IN THIS SPACE**

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

2/18/03

Date

810-9402

Daytime Phone #

CR2E083B (12/02)