

2000 UNIFORM BUSINESS REPORT (UBR)

0004905 AF

DOCUMENT # M99000001063

1. Entity Name
RICCARDI GROUP LLC

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 FEB 17 AM 10:20

Principal Place of Business

340 SUNSET DRIVE
FT LAUDERDALE FL 33301

Mailing Address

340 SUNSET DRIVE
FT LAUDERDALE FL 33301-2652

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 13-4029950

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

CARL G. SANTANGELO, P.A.
3000 NORTH FEDERAL HWY
SUITE 200
FT LAUDERDALE FL 33306

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 | MGRM | <input type="checkbox"/> Delete |
| NAME | RICCARDI, RICHARD V | |
| STREET ADDRESS | 340 SUNSET DRIVE | |
| CITY - ST - ZIP | FT LAUDERDALE FL 33301 | |
| TITLE | MGRM | <input type="checkbox"/> Delete |
| NAME | GLAVES, HOWARD L | |
| STREET ADDRESS | 50 GALESI DRIVE | |
| CITY - ST - ZIP | WAYNE NJ 07470 | |
| TITLE | MGRM | <input checked="" type="checkbox"/> Delete |
| NAME | BROWN, CYNTHIA M | |
| STREET ADDRESS | 6 WYETH | |
| CITY - ST - ZIP | SOUTH BORO MA 01772 | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY - ST - ZIP | | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY - ST - ZIP | | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY - ST - ZIP | | |

10. ADDITIONS / CHANGES

| | | |
|-----------------|------------------------|--|
| TITLE | MGRM | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | WARNER, SUSAN T. | |
| STREET ADDRESS | 340 SUNSET DR. | |
| CITY - ST - ZIP | FT LAUDERDALE FL 33301 | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY - ST - ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY - ST - ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY - ST - ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> 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:

Richard V. Riccardi
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

Date

Daytime Phone #

2/7/00 954-525-5946

CR2E083 (9/99)