

2002 UNIFORM BUSINESS REPORT (UBR)

Reinstatement 02/03

0000502

DOCUMENT # L01000011117

1. Entity Name
PARKWAY VILLAGE AND CENTER, LLC

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

03 SEP 10 PM 12:28

Wg/23

REINSTATEMENT 2002-2003

Principal Place of Business
1009 EAST 14TH STREET
BROOKLYN NY 11230

Mailing Address
% AGI REGISTERED AGENTS, INC.
1200 BRICKELL AVENUE, SUITE 900
MIAMI FL 33131



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
600 Broad St.

3. Mailing Address

Suite, Apt. #, etc.
Suite 3503

Suite, Apt. #, etc.

City & State
New York NY

City & State

4. FEI Number
582648777

Applied For
Not Applicable

Zip
10007

Country
USA

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

AGI REGISTERED AGENTS, INC.
1200 BRICKELL AVENUE, SUITE 900
MIAMI FL 33131

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State
Due By September 25, 2002

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE **MGR** Delete
NAME **PVC, LLC**
STREET ADDRESS **1009 EAST 14TH STREET**
CITY-ST-ZIP **BROOKLYN NY 11230**

TITLE Change Addition
NAME **900023392339**
STREET ADDRESS **09/29/03--01027--003**
CITY-ST-ZIP ****200.00**

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME **REINSTATEMENT 2002-2003**
STREET ADDRESS
CITY-ST-ZIP

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
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
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: **SIGNATURE REQUIRED**

9/2/03

212 668 0101

CR2E083 (4/02)