

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)


1/27/2003-90082-027 \$50.00-\$50.00
FILED

03 MAR -4 AM 11:06

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L97000000930

1. Entity Name
YDB REALTY, L.C.



Principal Place of Business Mailing Address

601 W 182ND STREET 601 W 182ND STREET
NEW YORK NY 10033 NEW YORK NY 10033

2. Principal Place of Business 3. Mailing Address

1101 NW 22nd Ave Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State City & State

Miami FL City & State

Zip Country Zip Country

4. FEI Number **65-0775368** Applied For
Not Applicable

5. Certificate of Status Desired \$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**WASERSTEIN, RICHARD
913 NORMANDY DRIVE
MIAMI BEACH FL 33141**

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. 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 Florida Department of State
Due By May 1, 2003

9. MANAGING MEMBERS / MANAGERS		10. ADDITIONS / CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MEM BERAMA, YASEF 1991 NE 163RD STREET NORTH MIAMI BEACH FL <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MEM YEHEZKEL, HAIM 1991 NE 163RD STREET NORTH MIAMI BEACH FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MEM Yehzekel Haim 210 71st Street Suite 309 Miami Beach FL 33141 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MEM DISHI, AVI 1991 NE 163RD STREET NORTH MIAMI BEACH FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	AVE Dishi 601 W 182nd St NY NY 10033 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	They are Partners 50% 50% <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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 recipient or transferee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE _____ **SIGNATURE REQUIRED**

Signature and typed or printed name of signing managing member, manager, or authorized representative Date Daytime Phone #

CPE083 (10/02)