

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **L99000003325**

1. Entity Name
NORTHWAY INVESTMENTS, LLC

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
00 JAN 31 AM 8:13

Principal Place of Business: 1991 N.E. 163RD STREET, NORTH MIAMI BEACH FL 33162
Mailing Address: 1991 N.E. 163RD STREET, NORTH MIAMI BEACH FL 33162-4825



2. Principal Place of Business Suite, Apt. #, etc.
3. Mailing Address Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number
65-0929609

Applied For
 Not Applicable

Zip Country

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

PIOTRKOWSKI, JOEL S
317 71ST STREET
MIAMI BEACH FL 33141

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 _____ (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

10. ADDITIONS/CHANGES Change Addition

TITLE NAME Delete
MEM DISHI, AVI
STREET ADDRESS **601-W-182ND STREET**
CITY-ST-ZIP **NEW YORK NY**

TITLE NAME Change Addition
000003121050
STREET ADDRESS **-02/02/00--01080--017**
CITY-ST-ZIP *******50.00 *****50.00**

TITLE NAME Delete
MEM BERAHA, YASEF
STREET ADDRESS **1991 N.E. 1463RD STREET**
CITY-ST-ZIP **NORTH MIAMI BEACH FL**

TITLE NAME Change Addition

TITLE NAME Delete

TITLE NAME Change Addition

TITLE NAME Delete

TITLE NAME Change Addition

TITLE NAME Delete

TITLE NAME Change Addition

TITLE NAME Delete

TITLE NAME 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 REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

Date **1-27-00** Daytime Phone # **305-9497264**