2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # M01000001372

1. Entity Name

WILLIAM & SONS REALTY OF 28TH STREET, LLC

8
9

Apr 02, 2003 8:00 am Secretary of State 04-02-2003 90012 017 ****50.00

1112211411		· · · · · · · · · · · · · · · · · · ·	16		ļ				
Principal Place of Business		Mailing Address	293 BRYANT AVE.		}				
		293 BRYANT AVE. WHITE PLAINS NY 10605							
				_ _					
2. Principal Place of Business		3. Mailing Address	3. Mailing Address .						
Suite, Apt. #, etc.		Suite, Apt. #, etc.	Suite, Apt. #, etc.		☐ CHECK HERE IF MAKING CHANGES				
City & State		City & State	City & State		4. FEI Num	13-396940	1	Applied For Not Applicable	
Zip	Zip Country Zi		Zip Country		5. Certificate of Status Desired Status Desired Fee Required				
	6. Name and Address of Curren	nt Registered Agent			7. Name a	nd Address of New R	egistered Agent		
STE	IN, CLIFFORD M ESQ.		N	ame					
534	5 PINETREE DRIVE MI BEACH FL 33140		Street Address		(P.O. Box Number is Not Acceptable)				
WILL	IIII DENOTITE COTTO		. }					_	
		<u>.</u>	. C	ity			FL Zip	Code	
	named entity submits this statement tions of registered agent.	for the purpose of changing its	registered of	fice or register	ed agent, or t	ooth, in the State of Flo	rida. I am familiar v	with, and accept	
SIGNATURE	: Signature, typed or printed name of registered ager	nt and title if applicable. (NOTE	: Registered Age	nt signature required	when reinstating)		DATE		
		1		IS \$50.00					
		Make Check Payable	e to Florid By May 1	•	nt of State				
9.	MANAGING MEMB		10.	, 2003		ADDITIONS/	CHANCES		
TITLE	MGRM	Delete	TITLE			ADDITIONS	□ Cha	nge	
NAME	FAKHIR, GEORGE	,	NAME					-	
STREET ADDRESS	293 BRYANT AVE.		STREET AD	·				[
CITY-ST-ZIP	WHITE PLAINS NY 10605		CITY-ST-Z	IP .		 			
TITLE NAME		☐ Delete	TITLE NAME				☐ Cha	nge	
STREET ADDRESS	}		STREET AD	DRESS				}	
CITY-ST-ZIP			CITY-ST-Z	IP				ļ	
TITLE-	garage of many and the control of the	Delete	-= TITLE				Cha	nge 🔲 Addition	
NAME			NAME						
STREET ADDRESS CITY-ST-ZIP			STREET ADI	I					
TITLE		□ Delete	TITLE		-		Chai	nge	
NAME		C Stille	NAME					,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
STREET ADDRESS			STREET ADI	DRESS					
CITY-ST-ZIP	<u> </u>		CITY-ST-Z	IP	_				
TITLE		☐ Delete	TITLE				☐ Chai	nge 🗌 Addition	
NAME STREET ADDRESS	•		NAME .	nnece					
CITY-ST-ZIP	}		CITY-ST-Z	į.				-	
TITLE		☐ Delete	TITLE				Char	nge 🔲 Addition	
NAME			NAME						
STREET ADDRESS			STREET ADI	ſ			-	· }	
CITY-ST-ZIP	l		CITY-ST-Z	P				Ī	

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 PRHYTED NAME OF

ICHATTIPA SOUIRE

3/20/2003

914632-8041 Daytime Phone # CR2E083 (10)