

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # M95000000377

1. Entity Name

~~ARBOR NATIONAL COMMERCIAL MORTGAGE, LLC~~

ARBOR COMMERCIAL MORTGAGE, LLC

Principal Place of Business

333 EARLE OVINGTON BLVD.
UNIONDALE NY 11553

Mailing Address

333 EARLE OVINGTON BLVD.
UNIONDALE NY 11553

*NC filed
6/8/01*

FILED

01 SEP 17 PM 12:17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

11-3246656

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

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

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
Due By September 26, 2001

400004611774--9
-09/26/01--01036--003
*****50.00 *****50.00

9. MANAGING MEMBERS / MANAGERS

10. ADDITIONS / CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

MGR
ARBOR MANAGEMENT, LLC
333 EARLE OVINGTON BLVD.
UNIONDALE NY 11553

☐ Delete

TITLE
NAME
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☐ Change ☐ Addition

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☐ 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.

Arbor Management, LLC

SIGNATURE:

[Signature]

(516) 832-8002

STAPLE CHECK HERE

CR2E083 (5/01)

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