## **UNIFORM BUSINESS REPORT (UBR)**

SIGNATURE:

1. Entity Na	JMENT # B990	00000101				ILED		
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Principal Pia	ace of Business	Moiling Address		<del></del>	TATE AND A	RY OF STAT	E	
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2. Principal	Place of Business	3. Mailing Address		• • • • • • • • • • • • • • • • • • • •	_			
177 Crossway			vs Park	Drive				
			Woodbury, NY 11797		DO NOT WRITE IN THIS SPACE			
City & State		City & State			4. FEI Number Applied Fo			
<b></b>						2426258		Not Appli
Zip	Country	Zip .	Count	try	5. Certificate of	Status Desired		\$8.75 Additional Fee Required
	6. Name and Address of Current	Registered Agent			7. Name and Ad	Idress of New Re		
CORROR	NATION CENTRE CONTRACT	فرانيا الاستستانيينيو جرازاة		-Name:		مفاسا سيسيشم اساستها	سياني عبيه	ح بند ، بندیب
CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE FL 32301-2525				Street Address	(P.O. Box Number is	Not Acceptable)		
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		·	• }	City	•	<del> </del>		Zip Code
· · · · · · · · · · · · · · · · · · ·		·				<u> </u>	FL	zip code
SIGNATURE  3. Capital Co	Signature, typed or printed name of registered agent ontributions	and title if applicable. (No. 10. Amount of Cap	OTE: Registered	Agent signature require	d when reinstating)	TE MAKE DIECK	DATE PAYABLE	ODEPIDESIATE
GIGNATURE  Capital Co as Shown	Signature, typed or printed name of registered agent ontributions \$999.00  A GENERAL PARTNER TO NOTE: General Partners MA	and title if applicable. (N  10. Amount of Car in FLORIDA to  FHAT IS A BUSINESS E AY NOT be changed on	OTE: Registered pital Contribe date. NTITY MU the form;	Agent signature require utions	od when reinstating)	MAKE CHECK SEE REVERSE IVE WITH THIS o change a gene	DATE PAYABLE SIDE FOI OFFICE eral part	RIFEE INFORMATION Iner.
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