

# 2001 UNIFORM BUSINESS REPORT (UBR)

002024 SP

*Handwritten signature*

DOCUMENT # B99000000267

1. Entity Name

AZO-D LP.

FILED

Principal Place of Business

50 ROCKERFELLER PLAZA  
2ND FLOOR  
NEW YORK NY 10020

Mailing Address

50 ROCKERFELLER PLAZA  
2ND FLOOR  
NEW YORK NY 10020

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

DO NOT WRITE IN THIS SPACE

4. FEI Number 13-4069190

Applied For  
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE FL 32301-2525

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

9. Capital Contributions as Shown on record. \$848,194.00

10. Amount of Capital Contributions in FLORIDA to date. 848,194.00

11. MAKE CHECK PAYABLE TO DEPT. OF STATE  
SEE REVERSE SIDE FOR FEE INFORMATION

A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.  
NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.

12. GENERAL PARTNER INFORMATION

13. ADDRESS CHANGES ONLY

DOCUMENT # M99000001049  
NAME AZO VALET (DE) LLC  
STREET ADDRESS 50 ROCKERFELLER PLAZA  
CITY-ST-ZIP NEW YORK NY 10020

STREET ADDRESS

CITY-ST-ZIP

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CITY-ST-ZIP

14. 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 General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

BY AZO VALET (DE) LLC

BY FRANK NACHADO, 2ND V.P.

Date

Daytime Phone #

4/3/01

212.492.1100

CP2E003 (11/00)