

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L 00000001316

1. Entity Name

404 WEST KENNEDY, LLC

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

00 SEP 13 AM 10:02

Principal Place of Business

37 WEST 47TH STREET 4TH FLOOR  
NEW YORK NY 10036

Mailing Address

37 WEST 47TH STREET 4TH FLOOR  
NEW YORK NY 10036



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

207 WEST 25TH STREET

Suite, Apt. #, etc.

8TH FLOOR

City & State

NEW YORK NY

Zip

10001

Country

USA

3. Mailing Address

207 WEST 25TH STREET

Suite, Apt. #, etc.

8TH FLOOR

City & State

NEW YORK NY

Zip

10001

Country

USA

4. FEI Number

58-2519041

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional  
Fee Required

6. Name and Address of Current Registered Agent

SILBERSTEIN, DAVID M  
720 SOUTH ORANGE AVENUE  
SARASOTA FL 34236

7. Name and Address of New Registered Agent

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

9. MANAGING MEMBERS/MANAGERS

TITLE MGR ☐ Delete  
NAME KAPRIELIAN, HRATCH N  
STREET ADDRESS 37 WEST 47TH STREET 4TH FLOOR  
CITY-ST-ZIP NEW YORK NY 10036

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS 207 WEST 25TH STREET, 8TH FLOOR  
CITY-ST-ZIP NEW YORK NY 10001

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP 000003399390--8  
-09/20/00--01062--008

\*\*\*\*\*50.00 ☒ Change ☐ Addition

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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**

HRATCH N.  
KAPRIELIAN

9/5/00

(212) 255-8499

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

Date

Daytime Phone #

CR2E183 (5/00)