

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L00000008580

1. Entity Name  
CROWN QUAIL WEST LLC

Principal Place of Business  
3100 SOUTH OCEAN HIGHWAY, APT. 305 NORTH  
PALM BEACH FL 33480

Mailing Address  
3100 SOUTH OCEAN HIGHWAY, APT. 305 NORTH  
PALM BEACH FL 33480

2. Principal Place of Business

3. Mailing Address

400 GARDEN CITY PLAZA

Suite, Apt. #, etc.

Suite, Apt. #, etc.

# 111

City & State

City & State

GARDEN CITY, NY

Zip

Country

Zip

Country

11530

USA

4. FEI Number

65-1034187

Applied For

Not Applicable

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

ROBUSTELLI, DOMINIC  
3100 S. OCEAN HWY., APT. 305 NORTH  
PALM BEACH FL 33480

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/MEMBERS

10.

ADDITIONS/CHANGES

TITLE NAME ☐ Delete

TITLE NAME ☐ Change ☐ Addition

STREET ADDRESS  
CITY-ST-ZIP

STREET ADDRESS  
CITY-ST-ZIP

MEMBER  
DAVAR RAD  
400 GARDEN CITY PLAZA, #111  
GARDEN CITY, NY 11530

TITLE NAME ☐ Delete

TITLE NAME ☐ Change ☐ Addition

STREET ADDRESS  
CITY-ST-ZIP

STREET ADDRESS  
CITY-ST-ZIP

8000003624008-5  
-02/02/01--01026--012  
\*\*\*\*\*50.00 \*\*\*\*\*50.00

TITLE NAME ☐ Delete

TITLE NAME ☐ Change ☐ Addition

STREET ADDRESS  
CITY-ST-ZIP

STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME ☐ Delete

TITLE NAME ☐ Change ☐ Addition

STREET ADDRESS  
CITY-ST-ZIP

STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME ☐ Delete

TITLE NAME ☐ Change ☐ Addition

STREET ADDRESS  
CITY-ST-ZIP

STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME ☐ Delete

TITLE NAME ☐ Change ☐ Addition

STREET ADDRESS  
CITY-ST-ZIP

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

1/18/01

516-248-8200

Date

Daytime Phone #

CR2E083 (11/00)

FILED

01 JAN 29 AM 10:24

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE