

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 30, 2002 8:00 am
Secretary of State

04-30-2002 90018 024 ****50.00

DOCUMENT # L00000011014

1. Entity Name

NICHEDIRECTORIES, LLC

Principal Place of Business

**6421 CONGRESS AVENUE
 SUITE 200
 BOCA RATON FL 33487
 US**

Mailing Address

**6421 CONGRESS AVENUE
 SUITE 200
 BOCA RATON FL 33487
 US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-1040150

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

**RIDOLFO, PHILLIP T JR ESQ
 GREENBERG TRAURIG P.A.
 777 S. FLAGLER DRIVE, SUITE 300E
 WEST PALM BEACH FL 33401**

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 May 1, 2002**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE **MGR** ☒ Delete
 NAME **WASSERMAN, BRIAN**
 STREET ADDRESS **C/O 6421 CONGRESS AVE., SUITE 200**
 CITY-ST-ZIP **BOCA RATON FL 33487**

TITLE **MGR** ☒ Addition
 NAME **BARRY SLOANE**
 STREET ADDRESS **% NEWTEK CAPITAL, INC**
 CITY-ST-ZIP **845 THIRD AVENUE, 8TH FLOOR
 NEW YORK, NY 10022**

TITLE **MGR** ☒ Delete
 NAME **SHAPIRO, PAUL**
 STREET ADDRESS **C/O 6421 CONGRESS AVE., SUITE 200**
 CITY-ST-ZIP **BOCA RATON FL 33487**

TITLE **MGR** ☐ Change ☐ Addition
 NAME **ZINK, GREG**
 STREET ADDRESS **54 RIVER DRIVE**
 CITY-ST-ZIP **OCEAN RIDGE, FL 33435**

TITLE **MGR** ☒ Delete
 NAME **HALPERN, JONATHAN**
 STREET ADDRESS **C/O 6421 CONGRESS AVE., SUITE 200**
 CITY-ST-ZIP **BOCA RATON FL 33487**

TITLE **MGR** ☐ Change ☐ Addition
 NAME **EUGENE MILLER**
 STREET ADDRESS **7351 BALLENTRAE COURT**
 CITY-ST-ZIP **BOCA RATON, FL 33496**

TITLE **MGR** ☐ Delete
 NAME **BREGMAN, KIM N**
 STREET ADDRESS **6421 CONGRESS AVENUE, SUITE 200**
 CITY-ST-ZIP **BOCA RATON FL 33487**

TITLE **MGR** ☒ Change ☐ Addition
 NAME **% NEWTEK CAPITAL**
 STREET ADDRESS **100 QUENTIN ROOSEVELT BLVD. # 408**
 CITY-ST-ZIP **GARDEN CITY, NY 11530**

TITLE **MGR** ☐ Delete
 NAME **DIAMOND, NANCY L**
 STREET ADDRESS **6421 CONGRESS AVENUE, SUITE 200**
 CITY-ST-ZIP **BOCA RATON FL 33487**

TITLE **MGR** ☐ Delete
 NAME **RUBIN, JEFF**
 STREET ADDRESS **C/O 6421 CONGRESS AVE., SUITE 200**
 CITY-ST-ZIP **BOCA RATON FL 33487**

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

Date

Daytime Phone #

4/17/02 561) 443-2924

CR2E083 (9/01)