

2002 UNIFORM BUSINESS REPORT (UBR)**FILED**
Sep 25, 2002 8:00 am
Secretary of State

09-25-2002 90115 031 ****50.00

DOCUMENT # L00000013574

1. Entity Name

ALBANY TOWER ASSOCIATES, L.L.C.

Principal Place of Business

99 W. HAWTHORNE AVE. Ste 218
VALLEY STREAM NY 11580

Mailing Address

P.O. BOX 460
VALLEY STREAM NY 11582

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 **58-2581444**

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****SHAPIRO, MICHAEL B**
SHAPIRO & DECTOR, P.A.
7777 GLADES RD., STE. 200
BOCA RATON FL 33434

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. I am familiar with, and accept the obligations of registered agent.

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 September 25, 2002**9. MANAGING MEMBERS/MANAGERS****10. ADDITIONS/CHANGES**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MEM WIENER, DANIEL 9 WEST HAWTHORNE AVE., STE. 520 VALLEY STREAM NY 11580	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	99 West Hawthorne Ave. Ste 218	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MEM WIENER, JUDE 99 WEST HAWTHORNE AVE., STE 520 VALLEY STREAM NY 11580	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Ste 218	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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.

Daniel Wiener**SIGNATURE: SIGNATURE REQUIRED**

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

Date

Daytime Phone #

516 593-0660

CR2E083 (4/02)