

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 29, 2002 8:00 am
Secretary of State

05-06-2002 90193 045 ****50.00

DOCUMENT # L01000001380

1. Entity Name

CORAL VIEW PATRONIS, L.C.

Principal Place of Business

Mailing Address

400 PARK AVE., #1420
 C/O MARK ANTONCIC, ESQ.
 NEW YORK NY 10022

400 PARK AVE., #1420
 C/O MARK ANTONCIC, ESQ.
 NEW YORK NY 10022

2. Principal Place of Business

3. Mailing Address

400 PARK AVE

400 PARK AVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

1420

1420

City & State

City & State

NY NY

NY NY

Zip

Country

Zip

Country

10022

USA

10022

USA

4. FEI Number

58-2601206

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

FIELDSTONE, RONALD R
200 ALHAMBRA CIRCLE
SUITE 601
CORAL GABLES FL 33134

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 date 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**
 NAME **ANDREW T. NIOSI**
 STREET ADDRESS **400 PARK AVE**
 CITY-ST-ZIP **NY NY 10022**
 SUITE **1420**

☐ Delete

TITLE **MGR**
 NAME **D. THOMAS McDANIEL**
 STREET ADDRESS **400 PARK AVE**
 CITY-ST-ZIP **NY NY 10022**
 SUITE **1420**

☐ Delete

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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]

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

4/25/02 **(616) 497-0167**

Date

Daytime Phone #

CR2003 (9/01)