

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 05, 2002 8:00 am
Secretary of State

0014889

02-05-2002 90072 048 *****55.00

DOCUMENT # L01000004988

1. Entity Name
999 US 1 REALTY, LLC

Principal Place of Business Mailing Address
~~1280 N. CONGRESS AVE., STE. 109~~ ~~1280 N. CONGRESS AVE., STE. 109~~
~~WEST PALM BEACH FL 33409~~ ~~WEST PALM BEACH FL 33409~~

2. Principal Place of Business 3. Mailing Address
730 ROUTE 112 (MEDFORD AVE) **730 ROUTE 112 (MEDFORD AVE)**
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State 4. FEI Number Applied For
PATCHOGUE, NY **PATCHOGUE, NY** **58-2649448** Not Applicable
 Zip Country Zip Country 5. Certificate of Status Desired **\$5.00** Additional
11772 **USA** **11772** **USA** Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

THOMPSON, DOUGLAS E
1280 N. CONGRESS AVE., STE. 109
WEST PALM BEACH FL 33409

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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable.

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 NAME STREET ADDRESS CITY-ST-ZIP	MGRM TANTILLO, ANTHONY 730 ROUTE 112 (MEDFORD AVENUE) PATCHOGUE NY 11772 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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
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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.

ANTHONY TANTILLO,

SIGNATURE: _____ **SIGNATURE REQUIRED** _____ **MANAGING MEMBER** 01/15/02 (631) 289-9100
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

CR2E083 (9/01)