

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L01000005253

1. Entity Name

CORPORATE CENTER HOLDINGS, LC

FILED
May 06, 2002 8:00 am
Secretary of State

05-06-2002 90193 046 ****50.00

Principal Place of Business

400 PARK AVE. SUITE 1420
C/O STEVE COX. ESQ.
NEW YORK NY 10022

Mailing Address

400 PARK AVE. SUITE 1420
C/O STEVE COX. ESQ.
NEW YORK NY 10022

2. Principal Place of Business

400 PARK AVE

Suite, Apt. #, etc.

1420

City & State

NY NY

Zip

10022

Country

USA

3. Mailing Address

400 PARK AVE

Suite, Apt. #, etc.

1420

City & State

NY NY

Zip

10022

Country

USA



DO NOT WRITE IN THIS SPACE

4. FEI Number

58-2615316

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

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

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

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
NAME
STREET ADDRESS
CITY-ST-ZIP
HGR
ANTHONY T. NIOSI
400 PARK AVE
NY NY 10022
Delete ☐ SITE 1420

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Delete ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
HGR
D THOMAS McDANIEL
400 PARK AVE
NY NY 10022
Delete ☐ SUITE 1420

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Delete ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Delete ☐

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Delete ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Delete ☐

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Delete ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Delete ☐

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Delete ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Delete ☐

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Delete ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Delete ☐

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Delete ☐ Change ☐ 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.

SIGNATURE: X SIGNATURE REQUIRED

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

4/25/02

646-492-0162

Date

Daytime Phone #

CR2E083 (9/01)