

# 2002 UNIFORM BUSINESS REPORT (UBR)

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

05-06-2002 90193 048 \*\*\*\*50.00

**DOCUMENT # L01000005325**

1. Entity Name

**PATRONIS CORPORATE CENTER, LC**

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

3. Mailing Address

**400 PARK AVE**  
 Suite, Apt. #, etc. **1420**

**400 PARK AVE**  
 Suite, Apt. #, etc. **1420**

City & State  
**NY NY**

City & State  
**NY NY**

Zip **10022** Country **USA**

Zip **10022** Country **USA**



DO NOT WRITE IN THIS SPACE

4. FEI Number

**52-2318218**

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

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

TITLE **MGR** ☐ Delete  
 NAME **D. ANTHONY MCDANIEL**  
 STREET ADDRESS **400 PARK AVE** **SUITE 1420**  
 CITY-ST-ZIP **NY NY 10022**

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

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

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

**4/25/02 646 497 0147**

Date

Daytime Phone #

CR2E083 (9/01)