

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 04, 2002 8:00 am
Secretary of State

04-04-2002 90008 033 ****50.00

DOCUMENT # L01000007009

1. Entity Name

TGNC DEVELOPMENT LLC

Principal Place of Business

**230 FIFTH ST.
 MIAMI BEACH FL 33139**

Mailing Address

**230 FIFTH ST.
 MIAMI BEACH FL 33139**

2. Principal Place of Business

60 CUTTERMILL RD.

3. Mailing Address

60 CUTTERMILL RD.

Suite, Apt. #, etc.

SUITE 308

Suite, Apt. #, etc.

SUITE 308

City & State

GREAT NECK, N.Y.

City & State

GREAT NECK, N.Y.

Zip

11021

Country

USA

Zip

11021

Country

USA

4. FEI Number

58-2619612

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$5.00 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

**NRAI SERVICES, INC.
 520 E. PARK AVE.
 TALLAHASSEE FL 32301**

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE ☐ Change ☐ Addition
 NAME **MGRM**
 STREET ADDRESS **MR. PAUL ANTON**
 CITY-ST-ZIP **333 RIVER ST APT 1247**
HOBOKEN, N.J. 07030

TITLE ☐ Change ☐ Addition
 NAME **MGR**
 STREET ADDRESS **MR. MICHAEL GROOTHUIS**
 CITY-ST-ZIP **10 CEDARHURST AVE.**
LAURENCE, N.Y. 11559

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

TITLE ☐ Change ☐ Addition
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 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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 CITY-ST-ZIP

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

Date

Daytime Phone #

3/27/02 516-465-9600

CR2E043 (9/01)