

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
May 13, 2003 8:00 am
Secretary of State

04-08-2003 90025 005 ****25.00
05-13-2003 90015 009 ****25.00

DOCUMENT # L02000022419

1. Entity Name

ARIK KISLIN ONE PERCENT (1%) TRUST, LLC



Principal Place of Business

170 N.W. SPANISH RIVER BLVD
BOCA RATON FL 33431

Mailing Address

170 N.W. SPANISH RIVER BLVD
BOCA RATON FL 33431

2. Principal Place of Business

1384 Broadway
22nd floor

3. Mailing Address

1384 Broadway
22nd floor

City & State

New York NY

City & State

New York NY

Zip

10018

Country

USA

Zip

10018

Country

USA



☒ CHECK HERE IF MAKING CHANGES

4. FEI Number

13-7088259

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

1031 EXCHANGE CORPORATION
170 N.W. SPANISH RIVER BLVD
BOCA RATON FL 33431

7. Name and Address of New Registered Agent

Name ELA KISLIN

Street Address (P.O. Box Number is Not Acceptable)

300 SE 5th Avenue, Apt. 8080

City BOCA RATON

FL

Zip Code

33432

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Ela Kislin, ELA KISLIN, Trustee

3/25/03

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 Florida Department of State
Due By May 1, 2003**

9. MANAGING MEMBERS/MANAGERS

TITLE MGR ☒ Delete
NAME 1031 EXCHANGE CORPORATION
STREET ADDRESS 170 N.W. SPANISH RIVER BLVD
CITY-ST-ZIP BOCA RATON FL 33431

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE TRUSTEE ☒ Change ☐ Addition
NAME ELA KISLIN
STREET ADDRESS 300 SE 5th Avenue, Apt. 8080
CITY-ST-ZIP BOCA RATON FL 33432

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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:

Ela Kislin, ELA KISLIN

3/25/03 1(212)730-0100

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

Date

Daytime Phone #

CR2E083 (10/02)