

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L95000000393

1. Entity Name

1616 ASSOCIATES, L.C.

FILED

00 JAN 18 PM 2:53

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business

1250 SO. MILITARY TRAIL APT. 1616
DEERFIELD BEACH FL 33442

Mailing Address

% A. WEBER
2525 PALMER AVE
NEW ROCHELLE NY 10801-4476

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0574976

Applied For

Not Applicable

Zip

Country

Zip

Country

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

WEBER, GARY

1250 SO. MILITARY TRAIL APT. 1616
DEERFIELD BEACH FL 33442

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

9. MANAGING MEMBERS / MEMBERS

10. ADDITIONS / CHANGES

TITLE MGRM ☐ Delete
NAME WEBER, GARY
STREET ADDRESS 1250 SO. MILITARY TRAIL APT. 1616
CITY-ST-ZIP DEERFIELD BEACH FL 33442

TITLE ☐ Change ☐ Delete
NAME ☐ Change ☐ Delete
STREET ADDRESS 800003112258-15
CITY-ST-ZIP -01/27/00--01013--024
*****50.00 *****50.00

TITLE MGRM ☐ Delete
NAME WEBER, ALLEN
STREET ADDRESS 2525 PALMER AVENUE
CITY-ST-ZIP NEW ROCHELLE NY 10801

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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:

Allen Weber
SIGNATURE REQUIRED

1/11/00

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

Date

Daytime Phone #