

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 21, 2003 8:00 am
Secretary of State

04-21-2003 90116 035 ****50.00

DOCUMENT # L95000000393

1. Entity Name

1616 ASSOCIATES, L.C.



Principal Place of Business

Mailing Address

**2958 SW 12TH STREET
DEERFIELD BEACH FL 33442**

**% A. WEBER
2525 PALMER AVE
NEW ROCHELLE NY 10801**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **65-0574976**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

☐ CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**WEBER, GARY
2958 SW 12TH STREET
DEERFIELD BEACH FL 33442**

Name **LESLIE NEWMARK**

Street Address (P.O. Box Number is Not Acceptable)
6010 NW 23rd TERRACE

City **BOCA RATON FL**

Zip Code
33496

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 Leslie Newmark **LESLIE NEWMARK**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

4/16/03

DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2003

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

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

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

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

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

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

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NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Change ☐ Addition
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: Allen Weber **SIGNATURE REQUIRED ALLEN WEBER**

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

4/16/03

Date

Daytime Phone #

CR2E083 (10/02)

0089117