

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L95000000722

1. Entity Name

FORTY ONE ASSOCIATES L.C.

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

00 SEP -8 AM 10:02

Principal Place of Business

211 BROADWAY, SUITE 202  
LYNBROOK NY 11563

Mailing Address

211 BROADWAY, SUITE 202  
LYNBROOK NY 11563



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

99 W. HAWTHORNE AVE

99 W. HAWTHORNE AVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

520

520

City & State

City & State

VALLEY STREAM N.Y.

VALLEY STREAM N.Y.

Zip

Country

Zip

Country

11580

NASSAU

11580

NASSAU

4. FEI Number

11-3291668

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

CAPITAL CONNECTION, INC.

417 E. VIRGINIA STREET, SUITE 1  
TALLAHASSEE FL 32301

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/MANAGERS

10. ADDITIONS/CHANGES

TITLE ☐ Delete  
NAME MGRM  
STREET ADDRESS WIENER, DANIEL  
CITY-ST-ZIP 21 AUERBACH LANE  
LAWRENCE NY 11559

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS 800003391158--9  
CITY-ST-ZIP -09/13/00--01040--007  
\*\*\*\*\*50.00 \*\*\*\*\*50.00

TITLE ☐ Delete  
NAME MGRM  
STREET ADDRESS WIENER BLOTNER, JUDE  
CITY-ST-ZIP 211 BROADWAY, SUITE 202  
LYNBROOK NY 11563

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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TITLE ☐ Delete  
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TITLE ☐ Delete  
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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 OR MANAGER

Date

Daytime Phone #

SIGNATURE REQUIRED MEMBER 9-4-00 516.593-0660

2000-2001 (5/00)