2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L96000001142

1. Entity Name

AUSTIN DELRAY REALTY, L.C.

Principal Place of Business	Mailing Address
39 AVENUE C. P.O. BOX 8	39 AVENUE C. P.O. BOX 8
BAYONNE NJ 07002	BAYONNE NJ 07002-0008

DO NOT WRITE IN THIS SPACE   MJH

2. Principal Place of Business	**3.** Mailing Address	
Suite, Apt. #, etc.	Suite, Apt. #, etc.	
City & State	City & State	**4.** FEI Number 65-0703795 — 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
RUBENSTEIN, STEVEN B 3201 MONET DRIVE PALM BEACH FL 33410	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 NAME RUBENSTEIN, STEVEN B STREET ADDRESS 101 E. MAIN STREET CITY-ST-ZIP LITTLE FALLS.NJ 07424	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition 300003102473--7 -01/19/00--01040--024 ****50.00 ****50.00
TITLE MGRM NAME RUBENSTEIN, WILLIAM STREET ADDRESS 128 LAKESIDE AVENUE CITY-ST-ZIP COLTSNECK NJ	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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CR2E083 (9/99)

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 REQUIRED_   1-7-00   201-437-6500

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER   Date   Daytime Phone #