

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L96000001228

1. Entity Name
ECIB PALM BEACH LLC

FILED
May 22, 2002 8:00 am
Secretary of State

05-22-2002 90200 043 ****50.00

Principal Place of Business

313 1/2 WORTH AVE
PALM BEACH FL 33480

Mailing Address

313 1/2 WORTH AVE
PALM BEACH FL 33480

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 65-0716000

Applied For

Not Applicable

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

KOEPPPEL, JOEL P ESQ
222 LAKEVIEW AVE
SUITE 260
WEST PALM BEACH FL 33401

7. Name and Address of New Registered Agent

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
Due By May 1, 2002

9. MANAGING MEMBERS/MANAGERS

TITLE MEM ☐ Delete
NAME RUGGERI8, ROBERTO
STREET ADDRESS 3 EAST 54TH ST., SUITE 1265
CITY-ST-ZIP NEW YORK NY 10022

TITLE MEM ☐ Delete
NAME SA, DELANEY
STREET ADDRESS 4, BOULEVARD ROYAL, B.P. 758
CITY-ST-ZIP L-2017 LUXEMBOURG

TITLE MEM ☐ Delete
NAME SA, SALER
STREET ADDRESS 4, BOULEVARD ROYAL, B.P. 758
CITY-ST-ZIP L-2017 LUXEMBOURG

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 ☒ Change ☐ Addition
NAME 551 MADISON AVE SUITE 1601
STREET ADDRESS NY NY 10022
CITY-ST-ZIP

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

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

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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:

Robert Ruggeri
SIGNATURE REQUIRED

5/1/02

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

Date

Daytime Phone #

CR2E083 (9/01)