

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L97000001075

1. Entity Name
PBG ASSOCIATES L.C.

FILED

00 JAN 19 AM 11:07

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
C/O TITAN MANAGEMENT L.P.
53 FOREST AVE. 2ND FLOOR
OLD GREENWICH CT 06870

Mailing Address
C/O TITAN MANAGEMENT L.P.
53 FOREST AVE. 2ND FLOOR
OLD GREENWICH CT 06870-1537



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number
65-0782640

Applied For
Not Applicable

Zip

Country

Zip

Country

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

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
NAME
STREET ADDRESS
CITY- ST- ZIP
MGR
SAFERSTEIN, IRA E
53 FOREST AVENUE, 2ND FLOOR
OLD GREENWICH CT 06870 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
100003112261--6
-01/27/00--01015--006
*****50.00 ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
MGR
TITAN REALTY 1997-A, INC.
53 FOREST AVENUE, 2ND FLOOR
OLD GREENWICH CT 06870 ☐ Delete

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

TITLE
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☐ Change ☐ Addition

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

IRASAFERSTEIN

1-10-00

203-698-0736

Date

Daytime Phone #