

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L98000001158

1. Entity Name  
WARREN STABLES LLC

APPROVED  
AND  
FILED

00 APR 18 AM 10:58

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



Principal Place of Business  
C/O WARREN INTERNATIONAL CORP.  
303 EAST 51ST STREET  
NEW YORK NY 10022

Mailing Address  
C/O WARREN INTERNATIONAL CORP.  
303 EAST 51ST STREET  
NEW YORK NY 10022-6702

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

DO NOT WRITE IN THIS SPACE  
MNM

4. FEI Number 58-2414549

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

VALDES-FAULI CORPORATE SERVICES, INC.  
777 S. FLAGLER DR., STE 500, EAST TOWER  
WEST PALM BEACH FL 33401

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 ☐ Delete  
MGRM  
WARREN, ROBERT M  
STREET ADDRESS 303 EAST 51ST STREET  
CITY- ST- ZIP NEW YORK NY 10022

TITLE NAME ☐ Change ☐ Addition  
800003238958--9  
-05/04/00--01010--008  
\*\*\*\*\*50.00 \*\*\*\*\*50.00

TITLE NAME ☐ Delete  
STREET ADDRESS  
CITY- ST- ZIP

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

TITLE NAME ☐ Delete  
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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: SIGNATURE REQUIRED

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

Date

Daytime Phone #

0012691 AF

CR2E083 (9/99)