

# 2001 UNIFORM BUSINESS REPORT (UBR)

0005419 AF

**DOCUMENT # L98000001296**

1. Entity Name

R. D. REALTY, L.C.

Principal Place of Business

268 BENNETT AVENUE  
STATEN ISLAND NY 10312

Mailing Address

200 EAST ROBINSON STREET, SUITE 500  
ORLANDO FL 32801

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

58-2410852

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

FLORIDA CORPORATE SUPPORT, INC.  
200 EAST ROBINSON STREET, SUITE 500  
ORLANDO FL 32801

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  
MGRM  
DUGGAL, KARAM V  
268 BENNETT AVENUE  
STATEN ISLAND NY 10312 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
700003891-1  
-03/17/01-00165-002  
\*\*\*\*\*50.00 \*\*\*\*\*50.00 ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
MGRM  
DUGGAL, ANITA  
268 BENNETT AVENUE  
STATEN ISLAND NY 10312 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
400003891-1  
-03/22/01-01009-002  
\*\*\*\*\*50.00 \*\*\*\*\*50.00 ☐ 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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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

TITLE  
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STREET ADDRESS  
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TITLE  
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STREET ADDRESS  
CITY-ST-ZIP ☐ 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]*

KARAM V. DUGGAL

2-19-2001

718-317-0708

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

Date

Daytime Phone #

CR2E083 (11/00)