

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L98000001489

1. Entity Name

BRINSIGHTS, L.L.C.

Principal Place of Business

~~6/9-BLALOCK, LANDERS, WALTERS & VOGLER~~
802-11TH STREET WEST
BRADENTON FL 34205

Mailing Address

~~P.O. BOX 8338~~
~~LONGBOAT KEY FL 34208~~

2. Principal Place of Business

240 EAST 86 ST.

Suite, Apt. #, etc.

SE

3. Mailing Address

240 EAST 86 ST.

Suite, Apt. #, etc.

SE

City & State

NY

NY

Zip

10028

Country

USA

City & State

NY

NY

Zip

10028

Country

USA

4. FEI Number

65-0881682

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

BLALOCK, LANDERS, WALTERS & VOGLER, P.A.
802-11TH STREET WEST
BRADENTON FL 34205

7. Name and Address of New Registered Agent

Name

CT Corporation System

Street Address (P.O. Box Number is Not Acceptable)

1200 South Pine Island Rd

City

Plantation

FL

Zip Code

33324

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

Robin Lalator

Robin Lalator, Vice President

7-10-01

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 September 26, 2001

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*****50.00 *****50.00

9. MANAGING MEMBERS/MANAGERS

TITLE MGR
NAME BRIN, GERI
STREET ADDRESS 240 E 86TH STREET APT 5C
CITY-ST-ZIP NEW YORK NY

☐ Delete

10. ADDITIONS/CHANGES

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE ☐ Change ☐ Addition
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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 GERI BRIN

7/6/01

2127062345

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

Date

Daytime Phone #

CR2E083 (5/01)

719

APPROVED
AND
FILED

01 JUL 11 PM 2:01

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

STAPLE CHECK HERE