

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L99000002317

1. Entity Name

WINTER GARDEN/TRI-CITY, L.L.C.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 SEP -8 AM 10:02

Principal Place of Business

211 BROADWAY AVENUE
LYNBROOK NY 11563

Mailing Address

211 BROADWAY AVENUE
LYNBROOK NY 11563



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

99 W. HAWTHORNE AVE

3. Mailing Address

99 W. HAWTHORNE AVE

Suite, Apt. #, etc.

SUITE 520

Suite, Apt. #, etc.

SUITE 520

City & State

VALLEY STREAM NY

City & State

VALLEY STREAM N.Y.

Zip

11580

Country

NASSAU

Zip

11580

Country

NASSAU

4. FEI Number

11-3499049

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

SHAPIRO, MICHAEL B
7777 GLADES ROAD, SUITE 200
BOCA RATON FL 33434

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

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE MGRM ☐ Delete
NAME WIENER, JUDE
STREET ADDRESS 211 BROADWAY, SUITE 302
CITY-ST-ZIP LYNBROOK NY 11563

☐ Change ☐ Addition
200003391152--8
-09/13/00--01040--005
*****50.00 *****50.00

TITLE MGRM ☐ Delete
NAME WIENER, DANIEL
STREET ADDRESS 211 BROADWAY, SUITE 302
CITY-ST-ZIP LYNBROOK NY 11563

☐ Change ☐ Addition

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE ☐ Delete
NAME
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:

DAVID A. REYNOLDS 9-4-00
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

Date

Daytime Phone #

516 593-0660

CR2E083 (5/00)