

# 2000 UNIFORM BUSINESS REPORT (UBR)

0017302 AB

**DOCUMENT # L99000003292**

1. Entity Name  
**TUY, LLC**

**FILED**  
**00 MAR 13 PM 2:50**  
**SECRETARY OF STATE**  
**TALLAHASSEE, FLORIDA**

Principal Place of Business  
**12 HIGH MEADOW ROAD NORTH**  
**SADDLE RIVER NJ 07458**

Mailing Address  
**POST OFFICE BOX 805**  
**SADDLE RIVER NJ 07458-0805**



2. Principal Place of Business  
Suite, Apt. #, etc.

3. Mailing Address  
Suite, Apt. #, etc.

City & State

City & State

Zip Country

Zip Country

4. FEI Number  
**59-3588522**

Applied For  
Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**RAMIREZ, MANUEL**  
**106 WEST BAY DRIVE**  
**COCOA BEACH FL 32931**

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 \_\_\_\_\_ (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 |                       |                                 |
|-----------------------------|-----------------------|---------------------------------|
| TITLE                       | MGRM                  | <input type="checkbox"/> Delete |
| NAME                        | RAMIREZ, MANUEL       |                                 |
| STREET ADDRESS              | POST OFFICE BOX 805   |                                 |
| CITY- ST- ZIP               | SADDLE RIVER NJ 07458 |                                 |
| TITLE                       | MGRM                  | <input type="checkbox"/> Delete |
| NAME                        | RAMIREZ, ALBINO       |                                 |
| STREET ADDRESS              | 191 HOBART STREET     |                                 |
| CITY- ST- ZIP               | PEARL RIVER NY 10965  |                                 |
| TITLE                       | MGRM                  | <input type="checkbox"/> Delete |
| NAME                        | BOUZAS, BENIGNO       |                                 |
| STREET ADDRESS              | 128 IRVING AVENUE     |                                 |
| CITY- ST- ZIP               | DEER PARK NY 11279    |                                 |
| TITLE                       |                       | <input type="checkbox"/> Delete |
| NAME                        |                       |                                 |
| STREET ADDRESS              |                       |                                 |
| CITY- ST- ZIP               |                       |                                 |
| TITLE                       |                       | <input type="checkbox"/> Delete |
| NAME                        |                       |                                 |
| STREET ADDRESS              |                       |                                 |
| CITY- ST- ZIP               |                       |                                 |
| TITLE                       |                       | <input type="checkbox"/> Delete |
| NAME                        |                       |                                 |
| STREET ADDRESS              |                       |                                 |
| CITY- ST- ZIP               |                       |                                 |

| 10. ADDITIONS/CHANGES |  |   |
|-----------------------|--|---|
| TITLE                 |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                  |  |   |
| STREET ADDRESS        |  |   |
| CITY- ST- ZIP         |  |   |
| TITLE                 |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                  |  |   |
| STREET ADDRESS        |  |   |
| CITY- ST- ZIP         |  |   |
| TITLE                 |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                  |  |   |
| STREET ADDRESS        |  |   |
| CITY- ST- ZIP         |  |   |
| TITLE                 |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                  |  |   |
| STREET ADDRESS        |  |   |
| CITY- ST- ZIP         |  |   |
| TITLE                 |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                  |  |   |
| STREET ADDRESS        |  |   |
| CITY- ST- ZIP         |  |   |

**500003182725--1**  
**-03/24/00--01047--012**  
**\*\*\*\*\*50.00 \*\*\*\*\*50.00**

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: MANUEL RAMIREZ X (201) 934-6226

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER Date Daytime Phone #

CR2E083 (9/99)