

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L99000003612

1. Entity Name

GATEWAY.REALTY.SOUTHFLORIDA.LLC

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 AUG 16 AM 10:02

Principal Place of Business

750 LEXINGTON AVENUE, 28TH FLOOR
NEW YORK NY 10022

Mailing Address

750 LEXINGTON AVENUE, 28TH FLOOR
NEW YORK NY 10022

2. Principal Place of Business

750 LEXINGTON AVE 18TH FL

3. Mailing Address

750 LEXINGTON AVE 18TH FL

Suite, Apt. #, etc.

NEW YORK, N.Y.

Suite, Apt. #, etc.

City & State

NEW YORK N.Y.

City & State

Zip

10022

Country

USA

Zip

10022

Country

4. FEI Number

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

SOMERSTEIN, BARRY E ESQ.

C/O RUDEN, MCCLOSKEY, SMITH, SCHUSTER & RUS

200 EAST BROWARD BLVD., 15TH FLOOR

FORT LAUDERDALE FL 33301

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

40000336994--9
-08/23/00--01092--011
*****50.00 *****50.00

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
GATEWAY.REALTY.LLC
750 LEXINGTON AVENUE, 28TH FLOOR
NEW YORK NY 10022

☐ Delete

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

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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

7-21-00 212-826-9200

Date

Daytime Phone #

CR2E083 (5/00)