

2000 UNIFORM BUSINESS REPORT (UBR)

APPROVED
AND
FILED

0001734 AF

DOCUMENT # L99000003934

1. Entity Name

NIA/KORNREICH OF MIAMI, LLC

00 MAY -2 PM 12:16

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

14750 PALMETTO FRONTAGE ROAD, SUITE 120
MIAMI LAKES FL 33016

Mailing Address

14750 PALMETTO FRONTAGE ROAD, SUITE 120
MIAMI LAKES FL 33016-1507



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0930658

Applied For

Not Applicable

Zip

Country

Zip

Country

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

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

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

500003263945--7
-05/23/00--01100--021
*****50.00 *****50.00

9. MANAGING MEMBERS/MEMBERS

10. ADDITIONS/CHANGES

TITLE MGR
NAME GROSS, PAUL
STREET ADDRESS 521 FIFTH AVENUE
CITY-ST-ZIP NEW YORK NY 10175

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE MGR
NAME GROSSBERG, STEVEN
STREET ADDRESS 521 FIFTH AVENUE
CITY-ST-ZIP NEW YORK NY 10175

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE MGR
NAME KORNREICH, JAMES
STREET ADDRESS 521 FIFTH AVENUE
CITY-ST-ZIP NEW YORK NY 10175

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE MGR
NAME BLANCO, DAVID
STREET ADDRESS 14750 PALMETTO FRONTAGE ROAD, SUITE 120
CITY-ST-ZIP MIAMI LAKES FL 33016

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE MGR
NAME BLANCO, JORGE
STREET ADDRESS 14750 PALMETTO FRONTAGE ROAD, SUITE 120
CITY-ST-ZIP MIAMI LAKES FL 33016

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
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TITLE
NAME
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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

Date

Daytime Phone #

4/21/00

CR2E083 (6/99)