

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **L99000003934**

1. Entity Name

NIA/KORNREICH OF MIAMI, LLC

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**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

FILED

01 AUG 13 PM 12:17

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0930658

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

**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
Due By September 26, 2001**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE ☐ Delete

**MGR
GROSS, PAUL
521 FIFTH AVENUE
NEW YORK NY 10175**

TITLE ☐ Change ☐ Addition

TITLE ☐ Delete

**MGR
GROSSBERG, STEVEN
521 FIFTH AVENUE
NEW YORK NY 10175**

TITLE ☐ Change ☐ Addition

TITLE ☐ Delete

**MGR
KORNREICH, JAMES
521 FIFTH AVENUE
NEW YORK NY 10175**

TITLE ☐ Change ☐ Addition

TITLE ☐ Delete

**MGR
BLANCO, DAVID
14750 PALMETTO FRONTAGE ROAD, SUITE 120
MIAMI LAKES FL 33016**

TITLE ☐ Change ☐ Addition

TITLE ☐ Delete

**MGR
BLANCO, JORGE
14750 PALMETTO FRONTAGE ROAD, SUITE 120
MIAMI LAKES FL 33016**

TITLE ☐ Change ☐ Addition

TITLE ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

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] **DAVID BLANCO** MGR 8/9/01 305-361-1661

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

Date

Daytime Phone #

CR2E083 (5/01)