

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L990000004331

1. Entity Name

OLIVE STREET MEMBERS, LLC

FILED

00 JAN 24 AM 11:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

C/O ELIOT LAUER
101 PARK AVENUE
NEW YORK NY 10178-0061

Mailing Address

C/O ELIOT LAUER
101 PARK AVENUE
NEW YORK NY 10178-0002

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

DO NOT WRITE IN THIS SPACE

4. FEI Number

58-2482900

Applied For
Not Applied

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

INTRASTATE REGISTERED AGENT CORPORATION
701 BRICKELL AVENUE, SUITE 3000
MIAMI FL 33131

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/MEMBERS

TITLE NAME MGR
STREET ADDRESS LAUER, ELIOT
CITY- ST- ZIP 101 PARK AVENUE
NEW YORK NY 10178 ☐ Delete

TITLE NAME
STREET ADDRESS
CITY- ST- ZIP ☐ Delete

TITLE NAME
STREET ADDRESS
CITY- ST- ZIP ☐ Delete

TITLE NAME
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CITY- ST- ZIP ☐ Delete

TITLE NAME
STREET ADDRESS
CITY- ST- ZIP ☐ Delete

10. ADDITIONS/CHANGES

TITLE NAME
STREET ADDRESS 300003118993
CITY- ST- ZIP -02/01/00--01100--023
*****50.00 *****50.00 ☐ Change ☐

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

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

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

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

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

January 13, 2000

Date

(212)696-6192

Daytime Phone #