2001 UNIFORM BUSINESS REPORT (UBR)

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| OCUMENT # MOOOC Entity Name 2525 G HI/S6320-UJ | 00000031 | 4 | FILED | | |
| 1525 6 HI/1568NA-41) | HUENUE | 100 | OI MAY 29 PH | 3: 53 | |
| incipal Place of Business 30 Brown 573 157 FC | Mailing Address | r 31 4 FL | SECRETARY OF | STATE | |
| W.NY 10004 | NYNY | | | | |
| Principal Place of Business | 3. Mailing Address | | | | |
| Suite, Apt. N, etc. | Suite, Apt. #, etc. | | DO NOT WRITE IN THIS SPACE 4. FEL Number Applied For | | aliad Ear |
| City & State | City & State | Country | 4. FEI Number /3-4093245 | \$5.00 A | t Applicable |
| 6 Name and Address of Cur | A GOLD STATE OF THE STATE OF | | 5. Certificate of Status Desired 7. Name and Address of New Register | Fee Require | |
| SABATELLO MICHAEL | 1 | Name | | | |
| 177 SELACION, DRIVE | | 1 ' | Street Address (P.O. Box Number is Not Acceptable) | | |
| ixst Pains Beach | 1 FL 3340 | City | | Zip Code | |
| | / | City | | FL Zip Code | • |
| ŕ | agent and title it applicable. (NO | TE: Registered Agent signature req | urred when reinstating) (| DATE | |
| GNATURE | agent and title it applicable. (NO FIGE N Make Check P | OWING HERISA SOR ayable to Departmen | tured when reinstating) | | : |
| GNATURE Signature, typed or printed name of registered MANAGING M 15 2525 6 Hillsbard | EMBERS/MEMBERS LANGE A VILLAGE Delete | OW// Talens solution recommend Agent signature recommend and the solution of t | uired when reinstating) (| | Addition (Q) |
| IGNATURE Signature, typed or printed nerve of registered MANAGING M THE 2575 & Hillsbord AME MM, LLC TREET ADDRESS & Broger 5772 | EMBERS/MEMBERS LYLL AUGUSE MAKE CHECK M | TE: Projettered Agent signature rec OW//FIREERISESSING ayable to Departmen 10. TITLE NAME | tured when reinstating) | NGES | _ 5 |
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