

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 30, 2002 8:00 am
Secretary of State

04-30-2002 90034 001 ****50.00

DOCUMENT # M00000000489

1. Entity Name

HIALEAH REALTY GROUP, LLC

Principal Place of Business

**2302 NOSTRAND AVENUE
BROOKLYN NY 11210**

Mailing Address

**2302 NOSTRAND AVENUE
BROOKLYN NY 11210**

2. Principal Place of Business

1350 W 6 Ave

3. Mailing Address

P.O. Box 403818

City & State

HIALEAH FL

City & State

MIAMI BEACH FL

4. FEI Number

11-3554865

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$5.00 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**JOSEPH, JERRY
100 GOLDEN ISLES DR., STE 1204
HALLANDALE BEACH FL 33009**

7. Name and Address of New Registered Agent

Name **YOSIE LIPSKAR**

Street Address (P.O. Box Number is Not Acceptable) **40 BEACH PROPERTIES**

3100 COLLINS AVE

City **MIAMI BEACH FL** Zip Code **33140**

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  4/12/02

Signature, type 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 May 1, 2002**

9. MANAGING MEMBERS/MANAGERS

TITLE **MGR** ☐ Delete
NAME **RAND, PINCUS**
STREET ADDRESS **937 EAST 22 STREET**
CITY-ST-ZIP **BROOKLYN NY**

TITLE **MGRM** ☐ Delete
NAME **RAND, ARIE**
STREET ADDRESS **3480 SHERIDAN AVENUE**
CITY-ST-ZIP **MAIMI BEACH FL**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

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

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

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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, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

CR2E083 (9/01)