

# 2001 UNIFORM BUSINESS REPORT (UBR)

0001466 AF

DOCUMENT # M00000000861

1. Entity Name  
VNS I LLC

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

01 MAR 27 PM 4:23

Principal Place of Business  
% GOODMAN PHILLIPS & VINEBERG  
430 PARK AVENUE, 10TH FLOOR  
NEW YORK NY 10022

Mailing Address  
% GOODMAN PHILLIPS & VINEBERG  
430 PARK AVENUE, 10TH FLOOR  
NEW YORK NY 10022

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional  
Fee Required

DO NOT WRITE IN THIS SPACE



## 6. Name and Address of Current Registered Agent

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

## 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 STREET ADDRESS CITY-ST-ZIP  
MGR VINEBERG, STEPHEN  
1980 SHERBROOKE ST W, #400, MONTREAL  
QUEBEC H2W 1E8 CANADA ☐ Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP  
MGR STEIN, JAMES W  
1980 SHERBROOKE ST W, #400, MONTREAL  
QUEBEC H2W 1E8 CANADA ☐ Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP  
MGR VINEBERG, SCOTT  
4351 ESPLANADE AVENUE, MONTREAL, QUEBEC  
H3Z 1B8 CANADA ☐ Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP  
MGR MERKER, NEAL  
440 WEST STREET 2ND FLOOR  
FORT LEE NJ 07024 ☐ Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Delete

## 10. ADDITIONS / CHANGES

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

TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ Addition  
400003953264-3  
-04/04/01 -01077--004  
\*\*\*\*\*50.00 \*\*\*\*\*50.00

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

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

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

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

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

Date

Daytime Phone #

20-03-01

514-846-1000

CR2E083 (11/00)