

2001 UNIFORM BUSINESS REPORT (UBR)

0030191 AB

DOCUMENT # M00000000903

1. Entity Name
INSTANTREFI.COM LLC

Principal Place of Business
433 BROADWAY
SARATOGA SPRINGS NY 12866

Mailing Address
433 BROADWAY
SARATOGA SPRINGS NY 12866

FILED

01 FEB -1 PM 3:42

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

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

14-1822711

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 *N/A*

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

10. ADDITIONS/CHANGES

TITLE *SR. PARTNER*
NAME *CHRISTOPHER LANG "MGRM"*
STREET ADDRESS *433 Broadway*
CITY-ST-ZIP *SARATOGA SPRINGS, N.Y. 12866*

TITLE *SR. PARTNER*
NAME *CHRISTOPHER LANG "MGRM"*
STREET ADDRESS *433 Broadway*
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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]*

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

1/12/01 *518-587-2500*

Date

Daytime Phone #

CR2E083 (11/00)