

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # M00000001169

1. Entity Name
CENTRE GARDEN CITY, LLC

FILED

01 APR -6 PM 4:17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
108-48 70TH ROAD
FOREST HILLS NY 11375

Mailing Address
108-48 70TH ROAD
FOREST HILLS NY 11375



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
108-18 QUEENS BLVD
Suite, Apt. #, etc.

3. Mailing Address
108-18 QUEENS BLVD
Suite, Apt. #, etc.

City & State
FOREST HILLS, NY

City & State
FOREST HILLS, NY

4. FEI Number
13-6360569

Applied For
Not Applicable

Zip Country
11375 USA

Zip Country
11375 USA

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

KAYE, SCHOLER, FIERMAN, HAYS & HANDLER LLP
777 SOUTH FLAGLER DRIVE
WEST PALM BEACH FL 33401

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 _____ (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	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MEMBER STANLEY ROBERTS 269 WHEATLEY ROAD OLD WESTBURY, NY 11568 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MEMBER STANLEY ROBERTS TRUSTEE, SEYMOUR GRABEL C/O ELLEN BOGEN, RUBENSTEIN ET 440 PARK AVE. SOUTH NY, NY 10016 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MEMBER CARART ASSOCIATES LLC 39 WENSLEY DRIVE GREAT NECK, NY 11021 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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*****50.00 *****50.00

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: Arthur A. Anderson for Carart Associates LLC 2/22/01 516-268-4000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

ARTHUR A. ANDERSON