

**LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 07, 2002 8:00 am
Secretary of State

05-07-2002 90348 040 ****50.00

DOCUMENT # M00000001169

1. Entity Name

CENTRE GARDEN CITY, LLC

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.

DO NOT WRITE IN THIS SPACE

City & State

FOREST HILLS, NY

City & State

FOREST HILLS, NY

4. FEI Number

13-6360569

Applied For

Not Applicable

Zip

11375

Country

USA

Zip

11375

Country

USA

5. Certificate of Status Desired ☐

**\$5.00 Additional
Fee Required**

7. Name and Address of Current Registered Agent

Name

KAYE, SCHOLER, FIERMAN, HAYS, HANDLER LLP

Street Address (P.O. Box Number is Not Acceptable)

777 SOUTH FLAGLER DRIVE

City

WEST PALM BEACH

FL

Zip Code

33401

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.

DATE

FEE IS \$50.00

**Make Check Payable to Department of State
DUE BY MAY 1**

9. MANAGING MEMBERS / MANAGERS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
MEMBER	STANLEY ROBERTS	269 WHEATLEY ROAD	OLD WESTBURY, NY 11568
MEMBER	STANLEY ROBERTS TRUSTEE,	SEYMOUR GRABEL	C/O ELLEN BOGEN, RUBENSTEIN E
		440 PARK AVE	SOUTH NY, NY 10016
MEMBER	CARART ASSOCIATES LLC	39 WENSLEY DRIVE	GREAT NECK, NY 11021

**DO NOT WRITE
IN THIS SPACE**

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

4/1/02 718-268-4000
Date Daytime Phone #

CR2E083B (12/01)