

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 16, 2002 8:00 am
Secretary of State

01-16-2002 90256 032 ****50.00

DOCUMENT # M00000001236

1. Entity Name

LILLIAN ROSS FAMILY LLC

Principal Place of Business

% ELAINE S. COHEN, MANAGER
 633 ALACCI WAY
 RIVER VALE NJ 07675

Mailing Address

% ELAINE S. COHEN, MANAGER
 633 ALACCI WAY
 RIVER VALE NJ 07675

2. Principal Place of Business

633 Alacci Way

Suite, Apt. #, etc.

3. Mailing Address

633 Alacci Way

Suite, Apt. #, etc.

City & State

River Vale, NJ

Zip

07675

Country

Belgen

City & State

River Vale, NJ

Zip

07675

Country

Belgen

4. FEI Number

22-3727473

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

COHEN, ELAINE
15358 STRATHEARN DRIVE, #12701
DELRAY BEACH FL 33446

7. Name and Address of New Registered Agent

Name **Elaine Cohen**

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

15358 Strathearn Dr. #12701

City

Del Ray Beach

FL

Zip Code

33446

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 reinstalling)

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 **ROSS, ALAN M**
 STREET ADDRESS **15 17TH STREET**
 CITY-ST-ZIP **NORWOOD NJ 07648**

TITLE **MGR** ☐ Delete
 NAME **COHEN, ELAINE S**
 STREET ADDRESS **633 ALACCI WAY**
 CITY-ST-ZIP **RIVER VALE NJ 07675**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
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TITLE ☐ Delete
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 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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TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 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:

Elaine Cohen

Date

Daytime Phone #

1/11/02 2016665269

CR2E083 (9/01)