FILED
Mar 14, 2002 8:00 am
Secretary of State
02-05-2002 90115 006 ****55.00

72501

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # M00000001237

1. Entity Name
AMBROSE EMPLOYER GROUP, LLC

Principal Place of Business	Mailing Address
60 BROAD STREET, SUITE 3402 NEW YORK NY 10004	60 BROAD STREET, SUITE 3402 NEW YORK NY 10004

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 13-3867443 ☐ 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 [signature] Jonathan R. Giddings Assistant Secretary 1/28/02

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
Due By May 1, 2002

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE	~~CEO~~ MGRM ☐ Delete	TITLE	☒ Change ☐ Addition
NAME	SLAMOWITZ, GREG	NAME	
STREET ADDRESS	137 RIVERSIDE DRIVE, APT. 6E	STREET ADDRESS	
CITY-ST-ZIP	NEW YORK NY 10024	CITY-ST-ZIP	
TITLE	~~CEO~~ MGRM ☐ Delete	TITLE	MGRM ☒ Change ☐ Addition
NAME	IORILO, JOHN	NAME	IORILLO, JOHN ← spelling correction
STREET ADDRESS	26 MAHER AVENUE	STREET ADDRESS	
CITY-ST-ZIP	GREENWICH CT 06830	CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

CR2E083 (9/01)

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: X [signature] REQUIRED Greg Slamowitz, member 1/18/02 212-847-2326

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

Attachment

AMBROSE EMPLOYER GROUP, LLC

918195

FM000000001237

72501

CT Corporation System
Attention: Melaine Francis, Rep.
111 8th Avenue – 13th Floor
New York, NY 10011

January 18, 2002

Re: Customer Number 09100578962

Dear Melaine,

As per my voice message to you today, enclosed please find our 2002 Florida Uniform Business Report (UBR) form that we have already signed. We also have enclosed a check for $55.00 to cover the filing fee and certificate of status. We would greatly appreciate if you could sign and complete the form and mail it in on our behalf to Florida, along with the enclosed check. Again, thank you for your help and please feel free to contact me at 212-847-2623 should you have any questions at all.

Very truly yours,

Seth Bressman
Chief Accounting Officer

Encl.

60 Broad Street, Suite 3402, New York, NY 10004 • phone 212 847 2400 • fax 212 847 2411