

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **100000000111113**

1. Entity Name

75-99 Ocean Avenue Associates, LLC

APPROVED
AND
FILED

01 JUN 27 PM 12:03

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

Mailing Address

**50 Broadway, 6th floor
New York, NY 10004**

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

Applied For

Not Applicable

5. Certificate of Status Desired

\$5.00 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**Angel Garcia
1230 N.E. 3rd Terrace
Homestead, FL 33030**

Name

Jerry Middel

Street Address (P.O. Box Number in Not Applicable)

1230 N.E. 3rd Terrace

City

Homestead

FL

Zip Code

33030

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.

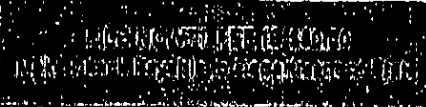
SIGNATURE

Signature, typed or printed name of registered agent and date if applicable.

(NOT) Registered Agent signature required when renewing.

6/26/01

DATE



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-07/05/01--01106--008
*******55.00 *****55.00**

9. MANAGING MEMBERS/MEMBERS

10. ADDITIONS/CHANGES

TITLE	MEMBER/MANAGER	☐ Delete
NAME	Edith Gross	
STREET ADDRESS	50 Broadway	
CITY-ST-ZIP	NY NY 10004	
TITLE	MEMBER/MANAGER	☐ Delete
NAME	Allen Gross	
STREET ADDRESS	50 Broadway	
CITY-ST-ZIP	NY NY 10004	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
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STREET ADDRESS		
CITY-ST-ZIP		
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 808, Florida Statutes.

SIGNATURE: **Edith Gross**

6/26/01

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

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DO NOT WRITE IN THIS SPACE

CR-2003 (1/03)