

2001 UNIFORM BUSINESS REPORT (UBR)

0026715 AF

DOCUMENT # M00000001961

1. Entity Name
CASPI ORLANDO REALTY LLC

FILED

01 FEB -5 AM 11:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business
3010 WESTCHESTER AVE
SUITE 106
PURCHASE NY 10577

Mailing Address
3010 WESTCHESTER AVE
SUITE 106
PURCHASE NY 10577

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **APPLIED FOR**
13-4038465

Applied For
Not Applicable

Zip Country

Zip Country

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

OSSINSKY, MARC P ESQ
210 N WYMORE RD
WINTER PARK FL 32789

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

500003675325--4
-02/12/01--01153--010
*******50.00 *****50.00**

9. MANAGING MEMBERS / MEMBERS

10. ADDITIONS/CHANGES

TITLE Delete
NAME **MANAGING MEMBER**
STREET ADDRESS **STEVEN J. CASPI**
CITY-ST-ZIP **3010 WESTCHESTER AVE., STB 106**
PURCHASE NY 10577

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
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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 608, Florida Statutes.

SIGNATURE: _____ (Signature Required)
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE
Date **11/15/01** Daytime Phone # **(94)694-8300**

CR2E083 (11/00)