

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # M00000002423

1. Entity Name

JAMG REALTY LLC

Principal Place of Business :

430 PARK AVE
17TH FLOOR ATTN: JEFFREY G. GURREN
NEW YORK NY 10022

Mailing Address

430 PARK AVE
17TH FLOOR ATTN: JEFFREY G. GURREN
NEW YORK NY 10022

2. Principal Place of Business

825 Third Avenue

3. Mailing Address

SAME

Suite, Apt. #, etc.

12th Floor : ATTN JEFFREY G. GURREN

Suite, Apt. #, etc.

SAME

City & State

New York N.Y. 10022

City & State

SAME

Zip

10022

Country

Zip

SAME

Country

4. FEI Number

06-1601312
APPLIED FOR

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

NATIONAL CORPORATE RESEARCH LTD INC
1406 HAYS ST
SUITE 2
TALLAHASSEE FL 32301

7. Name and Address of New Registered Agent

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, 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

9. MANAGING MEMBERS/MEMBERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
GURREN, JEFFREY G
430 PARK AVE 17TH FLOOR
NEW YORK NY 10022 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
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CITY-ST-ZIP
☐ Delete

TITLE
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STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
825 Third Avenue - 12th Floor
New York NY 10022 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
200004367482
-06/06/01--01043--020
*****50.00 *****50.00 ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

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

Date

Daytime Phone #

FILED

01 MAY -8 AM 9:34

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

4-30-01

212-758-0050