

2002 UNIFORM BUSINESS REPORT (UBR)

FILED

02 OCT 21 PM 12:13

SECRETARY OF STATE
TALLAHASSEE, FLORIDA**DOCUMENT # M01000000899**

1. Entity Name

TB BUNGALOW ST. AUGUSTINE, LLC

Principal Place of Business

1071 AVENUE OF THE AMERICAS, 11TH FLOOR
NEW YORK NY 10018

Mailing Address

1071 AVENUE OF THE AMERICAS, 11TH FLOOR
NEW YORK NY 10018

2. Principal Place of Business

2700 State Road 16

3. Mailing Address

1071 6TH AVE.,

Suite, Apt. #, etc.

#100513

Suite, Apt. #, etc.

11TH FLOOR

City & State

St. Augustine, FL

City & State

NEW YORK, NY

Zip

32092

Country

USA

Zip

10018

Country

USA

4. FEI Number 13-4152737

Applied For

Not Applicable

5. Certificate of Status Desired ☐\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2525

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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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 September 25, 2002**

9. MANAGING MEMBERS/MANAGERS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	☐ Delete
MANAGING MEMBER	TONY MARGOLIS	1071 6TH AVE, 11FL, NY, NY 10018	NY 10018	☐
MANAGING MEMBER	KEN KONG / C.F.O	1071 6TH AVE, 11FL, NY, NY 10018	NY 10018	☐
				☐
				☐
				☐
				☐

10. ADDITIONS/CHANGES

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	☐ Change	☒ Addition
MANAGING MEMBER	BRAD GOLDSTEIN	1071 6TH AVE, 11FL, NY, NY 10018	NY 10018	☐	☒
				☐	☐
				☐	☐
				☐	☐
				☐	☐

CR2E083 (4/02)

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 #