

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 15, 2002 8:00 am
Secretary of State

05-15-2002 90130 013 ****50.00

DOCUMENT # M01000001453

1. Entity Name

MIDLAND OWNERS LLC

Principal Place of Business

**108-18 QUEENS BLVD., STE. 302
 FOREST HILLS NY 11375**

Mailing Address

**108-18 QUEENS BLVD., STE. 302
 FOREST HILLS NY 11375**

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

11-2942613

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
 Fee Required

6. Name and Address of Current Registered Agent

**RUDOFISKY, BARRY
 4147 SOUTH TAMiami TRAIL
 VENICE FL 34293**

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 IN FILE 19-550.00
 Make Check Payable to Department of State
 Due By May 1, 2002**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
**MGR
 BRONSTEIN, ALBERT
 8 CARDINAL DR.
 ROSLYN NY 11576** ☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
**MGR
 BRONSTEIN ALBERT
 111 CUGRAY VALLEY AVE
 GARDEN CITY NY 11530** ☒ Change ☐ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
**MGR
 BRONSTEIN, EILEEN
 8 CARDINAL DR.
 ROSLYN NY 11576** ☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
**MGR
 BRONSTEIN EILEEN
 111 CUGRAY VALLEY AVE
 GARDEN CITY NY 11530** ☒ Change ☐ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
**MGR
 SILVERMAN, JOANNE
 435 EAST 79TH ST., APT. 9G
 NEW YORK NY 10021** ☐ Delete

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

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
**MGR
 KATZ, RACHELLE
 21 ANDOVER RD.
 OLD WESTBURY NY 11568** ☐ Delete

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

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
**MGR
 BRONSTEIN RUDOFISKY, CARYN
 18 ANDOVER RD.
 OLD WESTBURY NY 11568** ☐ Delete

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

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
**MGR
 RUDOFISKY, BARRY
 18 ANDOVER RD.
 OLD WESTBURY NY 11568** ☐ Delete

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)(l), 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:

Barry Rudofsky **Barry Rudofsky**

04/30/02 718-261-5235

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

Date

Daytime Phone #