

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 28, 2002 8:00 am
Secretary of State

02-28-2002 90041 048 ****50.00

DOCUMENT # M01000001735

1. Entity Name

ASSET MANAGEMENT ASSOCIATES, LLC

Principal Place of Business

**47 HUDSON STREET
 OSSINING NY 10562-5905**

Mailing Address

**47 HUDSON STREET
 OSSINING NY 10562-5905**

2. Principal Place of Business

12 HAMILTON PLACE

Suite, Apt. #, etc.

SUITE 2

City & State

TARRYTOWN NY

Zip

10591

Country

3. Mailing Address

12 HAMILTON PLACE

Suite, Apt. #, etc.

SUITE 2

City & State

TARRYTOWN NY

Zip

10591

Country

4. FEI Number

13-3980535

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.

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
 Due By May 1, 2002**

9. MANAGING MEMBERS/MANAGERS

TITLE **MGR** ☐ Delete
 NAME **DAMIANO, DANIEL SR.**
 STREET ADDRESS **47 HUDSON STREET**
 CITY-ST-ZIP **OSSINING NY 10562-5905**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE **MGR** ☒ Change ☐ Addition
 NAME **DAMIANO, DANIEL SR.**
 STREET ADDRESS **12 HAMILTON PLACE - SUITE 2**
 CITY-ST-ZIP **TARRYTOWN NY 10591**

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

TITLE ☐ Change ☐ Addition
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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 AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

CR2E083 (9/01)