

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 21, 2003 8:00 am
Secretary of State

01-21-2003 90313 049 ****55.00

DOCUMENT # M02000000888

1. Entity Name

WEALTH PRESERVATION ASSOCIATES, LLC



Principal Place of Business

521 5TH AVE., ~~8TH FLOOR~~ 12 FL
NEW YORK FL 10175

Mailing Address

521 5TH AVE., ~~8TH FLOOR~~
NEW YORK FL 10175

2. Principal Place of Business

3. Mailing Address

Suite, Apt., etc.

12 FLOOR

Suite, Apt., etc.

12 FLOOR

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 13-4181427

Applied For

Not Applicable

5. Certificate of Status Desired

☒ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

KORNREICH, WILLIAM D
420 PRIMAVERA WAY
PALM BEACH FL 33480

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

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 Florida Department of State
Due By May 1, 2003

9. MANAGING MEMBERS/MANAGERS

10.

ADDITIONS/CHANGES

TITLE MGR
NAME KORNREICH, WILLIAM D
STREET ADDRESS 521 5TH AVE., ~~8TH FLOOR~~
CITY-ST-ZIP NEW YORK NY 10175 ☐ Delete

TITLE
NAME
STREET ADDRESS 12TH FL ☒ Change ☐ Addition
CITY-ST-ZIP

TITLE MGR
NAME KORNREICH, MATTHEW R
STREET ADDRESS 420 PRIMAVERA WAY
CITY-ST-ZIP PALM BEACH FL 33480 ☐ Delete

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

TITLE MGR
NAME GABIN, GLENN E
STREET ADDRESS 521 5TH AVE., ~~8TH FLOOR~~
CITY-ST-ZIP NEW YORK NY 10175 ☐ Delete

TITLE
NAME
STREET ADDRESS 12TH FL ☒ Change ☐ Addition
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

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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: *William Kornreich*

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

Date

Daytime Phone #

(212) 850-0102

CR2E083 (10/02)