

**LIMITED LIABILITY COMPANY  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 13, 2003 8:00 am**  
**Secretary of State**

05-13-2003 90013 049 \*\*\*\*50.00

DOCUMENT # M02000003229

1. Entity Name

CAYRE BISCAYNE LLC



**DO NOT WRITE IN THIS SPACE**

10104407

2. Principal Place of Business

417 FIFTH AVE

Suite, Apt. #, etc.

9th Floor

City & State

New York NY

Zip

10016

Country

USA

3. Mailing Address

417 FIFTH AVE

Suite, Apt. #, etc.

9th Floor

City & State

New York NY

Zip

10016

Country

USA

DO NOT WRITE IN THIS SPACE

4. FEI Number

32-0025079

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

7. Name and Address of Current Registered Agent

Name

MICHAEL SAMUEL

Street Address (P.O. Box Number is Not Acceptable)

260 EAST BOCA RATON ROAD

City

BOCA RATON

FL

Zip Code

33432

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.

5-9-03

DATE

**FEE IS \$50.00**

**Make Check Payable to Florida Department of State**

**DUE BY MAY 1**

9. MANAGING MEMBERS/MANAGERS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

SEE ATTACHED

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
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CITY-ST-ZIP

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TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**DO NOT WRITE  
IN THIS SPACE**

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:

Mark Kama

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

4/25/03

Date

212 726 0773

Daytime Phone #

CR2E083B (12/02)

Attachment

10104407

#M02000003229

Title	Mgrm
Name	Joe Cayre
Street Address	417 Fifth Avenue
City, State, Zip	New York, NY 10016

Title	Mgr
Name	Jack Cayre
Street Address	417 Fifth Avenue
City, State, Zip	New York, NY 10016

Title	Mgr
Name	Michael Cayre
Street Address	417 Fifth Avenue
City, State, Zip	New York, NY 10016

Title	Mgr
Name	Steven Cayre - Trust
Street Address	417 Fifth Avenue
City, State, Zip	New York, NY 10016

Title	Mgr
Name	Daniel Cayre - Trust
Street Address	417 Fifth Avenue
City, State, Zip	New York, NY 10016

Title	Mgr
Name	Grace Cayre - Trust
Street Address	417 Fifth Avenue
City, State, Zip	New York, NY 10016

Title	Mgr
Name	Daniel Pfeffer
Street Address	417 Fifth Avenue
City, State, Zip	New York, NY 10016

Title	Mgr
Name	Harvey Fuchs
Street Address	417 Fifth Avenue
City, State, Zip	New York, NY 10016

Title	Mgr
Name	Michael Haddad
Street Address	417 Fifth Avenue
City, State, Zip	New York, NY 10016

Title	Mgr
Name	Mark Kaiman
Street Address	417 Fifth Avenue
City, State, Zip	New York, NY 10016