

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

FILED
May 05, 2003 8:00 am
Secretary of State
05-05-2003 92183 028 ****50.00

DOCUMENT # M02000003389

1. Entity Name

SCHONFELD & COMPANY, LLC



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

ONE JERICHO PLAZA

3. Mailing Address

ONE JERICHO PLAZA

Suite, Apt. #, etc.

3RD FLOOR

Suite, Apt. #, etc.

3RD FLOOR

City & State

JERICHO NY

City & State

JERICHO NY

Zip

11753

Country

USA

Zip

11753

Country

USA

4. FEI Number

11-3448407

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

CT CORPORATION SYSTEM

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

1200 S. PINE ISLAND ROAD

City

PLANTATION

FL

Zip Code

33324

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

Robert L. Schonefeld

4/30/03

Signature, typed or printed name of registered agent and title if applicable.

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
MANAGER
STEVEN B. SCHONFELD
20 WHITNEY LANE
OLD WESTBURY, NY 11568

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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**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:

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

HOWARD BREMAN CA

4/29/03

516 822-0202

Date

Daytime Phone #

CR2E083B (1/2/02)