

2000 UNIFORM BUSINESS REPORT (UBR)

APPROVED
AND
FILED

00 MAY 18 PM 2:56

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # M96000000253

1. Entity Name

NCP REALTY, L.L.C.

Principal Place of Business

176 RT 304
BARDONIA NY 10954
2 Ethel DR
NEW CITY, NY
10956

Mailing Address

P.O. BOX 603
BARDONIA NY 10954-0153
HARRIMAN,
NY 10926

2. Principal Place of Business

2 Ethel DR

3. Mailing Address

P.O. BOX 603

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

NEW CITY, NY

City & State

HARRIMAN, NY

Zip

Country

10956

USA

Zip

10926

Country

USA

4. FEI Number

13-6245096

Applied For

Not Applicable

5. Certificate of Status Desired

☒ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

NRAI SERVICES, INC.
526 EAST PARK AVENUE
TALLAHASSEE FL 32301

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

9. MANAGING MEMBERS / MEMBERS

10.

ADDITIONS / CHANGES

TITLE MGRM
NAME BADAMI, NICK F
STREET ADDRESS 2 ETHEL DRIVE
CITY-ST-ZIP NEW CITY NY 10956
☒ Delete DECEASED

TITLE MGRM
NAME ANGELA MANCINO
STREET ADDRESS PO BOX 603, 131 CONKLIN RD
CITY-ST-ZIP HARRIMAN, NY 10926
☐ Change ☒ Addition

TITLE MGRM
NAME BADAMI, RITA
STREET ADDRESS 2 ETHEL DRIVE
CITY-ST-ZIP NEW CITY NY 10956
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
000003289833
-05/14/00--01102--022
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TITLE
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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 OR MANAGER

ANGELA MANCINO 5/13/00 634-3356

Date

Daytime Phone #