

2001 UNIFORM BUSINESS REPORT (UBR)

0030182 AB

DOCUMENT # M97000000201

1. Entity Name
UNM, L.L.C.

FILED

01 APR 26 PM 5:51

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
**280 WINDSOR HIGHWAY
NEW WINDSOR NY 12553**

Mailing Address
**280 WINDSOR HIGHWAY
NEW WINDSOR NY 12553**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

14-1797496

Applied For
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**HIQ CORPORATE SERVICES, INC.
526 EAST PARK AVENUE, SUITE 200
TALLAHASSEE FL 32301**

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
NAME
STREET ADDRESS
CITY-ST-ZIP
**CEO
CILENTO, JOSEPH
280 WINDSOR HIGHWAY
NEW WINDSOR NY 12553** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**400004164234--5
-05/09/01--01020--007
*****50.00** ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
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CITY-ST-ZIP ☐ Change ☐ Addition

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CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
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:

Joseph C. Cilento
REQUIRED

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

Date

Daytime Phone #

4/23/01 845-561-7770

CR2E083 (11/00)