

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # M98000000988

1. Entity Name

ANDOVER BROKERAGE, LLC

FILED

00 JAN 18 PM 4:19

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

400 RELLA BLVD., STE 160
MONTEBELLO NY 10901

Mailing Address

400 RELLA BLVD., STE 160
MONTEBELLO NY 10901-4291

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

13-3923572

Applied For

Not Applicable

5. Certificate of Status Desired ☒

\$5.00 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

~~CHERWIN, SOL~~

7900 GLADES RD., SUITE 310
BOCA RATON FL 33434

Name

Lloyd Goodman

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

7900 Glades Rd., 310

City

Boca Raton

FL

Zip Code

33434

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

Lloyd Goodman, GSP

1/11/2000

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State

9. MANAGING MEMBERS/MEMBERS

10. ADDITIONS/CHANGES

TITLE NAME MGRM PICOZZI, MICHAEL III ☐ Delete
STREET ADDRESS 400 RELLA BLVD., STE 160
CITY- ST- ZIP MONTEBELLO NY 10901

TITLE NAME ☐ Delete
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STREET ADDRESS
CITY- ST- ZIP

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:

Michael Picozzi

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

01-07-00

Date

914-369-0100

Daytime Phone #