

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # M99000000040

1. Entity Name

MAXVILLE, LLC

Principal Place of Business

111 WEST 50TH STREET, 2ND FLOOR
NEW YORK NY 10020

Mailing Address

111 WEST 50TH STREET, 2ND FLOOR
NEW YORK NY 10020

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

~~13-4040457~~ NONE

Applied For

☒ Not Applicable

5. Certificate of Status Desired

☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

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)

4000004423414--0

-06/18/01-01005-019

*****50.00

*****50.00

FILE NOW!!! FEE IS \$50.00

Make Check Payable to Department of State

BK

9. MANAGING MEMBERS/MEMBERS

TITLE MGR ☐ Delete
NAME BERGREEN, BERNARD
STREET ADDRESS 111 WEST 50TH STREET, 2ND FLOOR
CITY-ST-ZIP NEW YORK NY 10020

TITLE MGR ☐ Delete
NAME MOODY, NATALIE P
STREET ADDRESS 111 WEST 50TH STREET, 2ND FLOOR
CITY-ST-ZIP NEW YORK NY 10020

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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NAME
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:

SIGNATURE REQUIRED

4-30-01

904-548-1033

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

Date

Daytime Phone #

0001411 AF

CR2E083 (11/00)

FILED
01 MAY 17 AM 10:31
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE