

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **M99000000128**

1. Entity Name  
**250 HAWTHORNE, L.C.**

Principal Place of Business  
**1009 EAST 14TH STREET  
BROOKLYN NY 11230**

Mailing Address  
**1009 EAST 14TH STREET  
BROOKLYN NY 11230-4301**

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

**11-3359720**

Applied For

Not Applicable

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

**JOSEPH, JERRY  
100 GOLDEN ISLES DR., SUITE 1204  
HALLANDALE FL 33009**

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 ☐ Delete  
**MGRM  
ECKSTEIN, SHIMON  
1009 EAST 14TH STREET  
BROOKLYN NY 11230**

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

TITLE NAME ☐ Delete  
STREET ADDRESS  
CITY- ST- ZIP

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

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CITY- ST- ZIP

TITLE NAME ☐ Change ☐ Addition  
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: **X**

**SIGNATURE REQUIRED**

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

**Mar 7, 2000**

Date

**718-258-1198**

Daytime Phone #

APPROVED  
AND  
FILED

00 MAR 29 AM 10:16

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

*mf 4/17*



DO NOT WRITE IN THIS SPACE

CR2E083 (9/99)