

2001 UNIFORM BUSINESS REPORT (UBR)

0026727 AF

DOCUMENT # M99000000176

1. Entity Name
R.C.W. FIFTH AVENUE LLC

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

01 MAR 19 AM 10:23

Principal Place of Business
C/O THE COLONY HOTEL, 155 HAMMON AVENUE
PALM BEACH FL 33480

Mailing Address
C/O PERETZ, MITGANG & CO., LLP
303 S. BROADWAY, STE. 105
TARRYTOWN NY 10591-5410



2. Principal Place of Business

3. Mailing Address

C/O PERETZ, RESNICK & CO., LLP

Suite, Apt. #, etc.

Suite, Apt. #, etc.

SAME

DO NOT WRITE IN THIS SPACE

City & State

City & State

4. FEI Number 13-4107685

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

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

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 MGR
NAME EDELMAN, MARTIN L
STREET ADDRESS 75 EAST 55TH STREET
CITY-ST-ZIP NEW YORK NY 10022 ☐ Delete

TITLE MGR
NAME DAVID M. PERETZ
STREET ADDRESS 303 S. BROADWAY, STE. 105
CITY-ST-ZIP TARRYTOWN, NY 10591 ☐ Change ☒ Addition

TITLE MGR
NAME CAHILL, JOHN A
STREET ADDRESS 75 EAST 55TH STREET
CITY-ST-ZIP NEW YORK NY 10022 ☐ Delete

TITLE
NAME
STREET ADDRESS 300003930923--9
CITY-ST-ZIP -03/30/01--01032--004
*****50.00 *****50.00 ☐ Change ☐ Addition

TITLE MGR
NAME WETENHALL, ROBERT C
STREET ADDRESS C/O THE COLONY HOTEL, 155 HAMMON AVENUE
CITY-ST-ZIP PALM BEACH FL 33480 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

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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:

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

DAVID M. PERETZ, MANAGER

3/7/01

Date

(914) 332-5393

Daytime Phone #

CR2E083 (11/00)