

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 07, 2002 8:00 am
Secretary of State

05-07-2002 90385 004 ****50.00

DOCUMENT # M99000000936

1. Entity Name

3607 BROADWAY REALTY ASSOCIATES, L.L.C.

Principal Place of Business

**1009 EAST 14TH STREET
 BROOKLYN NY 11230**

Mailing Address

**1009 EAST 14TH STREET
 BROOKLYN NY 11230**

905 047

2. Principal Place of Business

4 WEYANT DRIVE

3. Mailing Address

4 WEYANT DRIVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

CEARHURST, NY

City & State

CEARHURST, NY

4. FEI Number

11-3263156

Applied For

Not Applicable

Zip

11516

Country

USA

Zip

11516

Country

USA

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

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

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)

DATE

FILE NOW!!! FEE IS \$50.00

**Make Check Payable to Department of State
 Due By May 1, 2002**

9. MANAGING MEMBERS/MANAGERS

TITLE: **MGRM** Delete
 NAME: **ECKSTEIN, SHIMON**
 STREET ADDRESS: **1009 EAST 14TH STREET**
 CITY-ST-ZIP: **BROOKLYN NY 11230**

TITLE: ~~MANAGING MEMBER~~ Delete
 NAME: ~~MARK RUBIN~~
 STREET ADDRESS: ~~4 WEYANT DRIVE~~
 CITY-ST-ZIP: ~~CEARHURST, NY 11516~~

TITLE: Delete
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 CITY-ST-ZIP:
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10. ADDITIONS/CHANGES

TITLE: ~~MGRM~~ Change Addition
 NAME: **MARK RUBIN**
 STREET ADDRESS: **4 WEYANT DRIVE**
 CITY-ST-ZIP: **CEARHURST, NY 11516**

TITLE: Change Addition
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 TITLE: 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]

APRIL 15, 2002

516-569-5055

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

Date

Daytime Phone #

CR2E083 (9/01)