

FILED  
Sep 11, 2003 8:00 am  
Secretary of State

09-11-2003 90042 038 \*\*\*\*\*50.00

**2003 LIMITED LIABILITY COMPANY  
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # M99000000936

1. Entity Name  
3607 BROADWAY REALTY ASSOCIATES, L.L.C.



Principal Place of Business  
7 WEYANT DRIVE  
CEDARHURST, NY 11516

Mailing Address  
7 WEYANT DRIVE  
CEDARHURST, NY 11516

90155611



☒ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business  
4 WEYANT DRIVE  
Suite, Apt. #, etc.

3. Mailing Address  
4 WEYANT DRIVE  
Suite, Apt. #, etc.

City & State  
CEDARHURST, NY

City & State  
CEDARHURST, NY

4. FEI Number  
11-3263156

Applied For  
Not Applicable

Zip  
11516

Country

Zip  
11516

Country

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. I am familiar with, and accept the obligations of registered agent.

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 Florida Department of State  
Due By May 1, 2003

9. MANAGING MEMBERS/MANAGERS

TITLE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP  
MGRM  
RUBIN, MARK  
7 WEYANT DRIVE  
CEDARHURST, NY 11516 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP ☐ Delete

10. ADDITIONS/CHANGES

TITLE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP  
MGRM  
RUBIN, MARK  
4 WEYANT DRIVE  
CEDARHURST, NY 11516 ☒ Change ☐ Addition

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

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

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

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

TITLE  
NAME  
STREET ADDRESS  
CITY-STATE-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: *Paul Rubin*

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

9/18/03

Date

516-569-5655

Daytime Phone #

CR2E083 (10/02)