

2000 UNIFORM BUSINESS REPORT (UBR)

APPROVED
AND
FILED

0017494
:IP

DOCUMENT # M99000001054

1. Entity Name
THE BOBBE FAMILY LLC

00 APR 17 PM 3:20

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

378 MORTON AVENUE
FRANKLIN SQUARE NY 11010

Mailing Address

378 MORTON AVENUE
FRANKLIN SQUARE NY 11010



2. Principal Place of Business

678 MORTON AVENUE

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

678 MORTON AVENUE

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

52-2184420

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$5.00 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

MUM

6. Name and Address of Current Registered Agent

UNITED CORPORATE SERVICES, INC.
9200 SOUTH DADELAND BLVD
SUITE 508
MIAMI FL 33156

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

9. MANAGING MEMBERS/MEMBERS

TITLE NAME MGRM BOBBE, RICHARD A
STREET ADDRESS 378 MORTON AVENUE
CITY- ST- ZIP FRANKLIN SQUARE NY 11010

TITLE NAME
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CITY- ST- ZIP

10. ADDITIONS/CHANGES

TITLE NAME
STREET ADDRESS 678 MORTON AVENUE
CITY- ST- ZIP

TITLE NAME
STREET ADDRESS 40000322854-4
CITY- ST- ZIP -04/28/00--01073--011
*****50.00 *****50.00

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TITLE 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

RICHARD A. BOBBE

Date

Daytime Phone #

3/23/00

(516) 481-6298

CR2E083 (9/99)