

2000 UNIFORM BUSINESS REPORT (UBR)

0013314 AF

DOCUMENT # M99000001218

1. Entity Name
IBEX CONSTRUCTION, LLC

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
00 FEB 14 PM 2:23

Principal Place of Business
1372 BROADWAY 17TH FLOOR
NEW YORK NY 10018

Mailing Address
1372 BROADWAY 17TH FLOOR
NEW YORK NY 10018-6106

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

DO NOT WRITE IN THIS SPACE



4. FEI Number 13-4068925

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

SOBEL, STUART H ESQ
SIEGFRIED RIVERA ET AL
201 ALMERIA CIRCLE STE 1102
CORAL GABLES FL 33134

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 STREET ADDRESS CITY- ST- ZIP	MGRM FRANKL, ANDRAS 1372 BROADWAY NEW YORK NY 10018	☐ Delete
TITLE NAME STREET ADDRESS CITY- ST- ZIP	MGRM COLAO, KENNETH M 1372 BROADWAY NEW YORK NY 10018	☐ Delete
TITLE NAME STREET ADDRESS CITY- ST- ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY- ST- ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY- ST- ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY- ST- ZIP		☐ Delete

TITLE NAME STREET ADDRESS CITY- ST- ZIP	100003148741--5 -02/25/00--01108--005 *****50.00 *****50.00	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	mf 2123100	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP		☐ Change ☐ Addition
TITLE 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]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

1/10/00

(212) 703-3700

Date

Daytime Phone #

CR2E083 (9/99)