

2001 UNIFORM BUSINESS REPORT (UBR)

US1012 AB

DOCUMENT # M99000001660

1. Entity Name

BARON SAN PABLO LLC

FILED
01 JAN 31 PM 12:25
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

341 EAST 149TH STREET
BRONX NY 10451

Mailing Address

341 EAST 149TH STREET
BRONX NY 10451

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

13-4079427

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

LAT PURSER & ASSOCIATES, INC.
6320 ST. AUGUSTINE RD.
SUITE 7
JACKSONVILLE FL 32217

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 ☐ Delete
MGRM
LEVITES, BARRY
STREET ADDRESS
341 EAST 149TH STREET
CITY-ST-ZIP
BRONX NY 10451

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

TITLE NAME ☐ Delete
MGRM
RETTNER, RONALD
STREET ADDRESS
481 MAIN STREET
CITY-ST-ZIP
NEW ROCHELLE NY 10801

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP
200003657242--6
-02/08/01--01025--005
*****50.00-*****50.00

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

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

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

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

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

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition
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 AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

1/5/01 (718) 993-9060

CR2E083 (11/00)