

2000 UNIFORM BUSINESS REPORT (UBR)

APPROVED
AND
FILED

00 MAY 12 AM 11:05

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # M99000001895

1. Entity Name
LICENT CAPITAL, LLC

Principal Place of Business
100 JERICHO QUADRANGLE
JERICHO NY 11753

Mailing Address
100 JERICHO QUADRANGLE
JERICHO NY 11753-2708



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

11-3489665

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

KARABEL, SIDNEY
3187 N. STATE ROAD 7
MARGATE FL 33063

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

President MGRM
Jack Ross
4 Red Fox Lane
Upper Brookville, NY 11545

☐ Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP

CTO MGRM
Robin Ross
4 Red Fox Lane
Upper Brookville, NY 11545

☐ Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP

Sidney Karabel MGRM
4928 NW 8th Road
Coral Springs, Florida 33067

☐ Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP

Conrad J. Desantis MGRM
12 Dogwood Lane
Rye, New York 10580

☐ Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP

Bradley Mash MGRM
35 Chestnut Hill Drive
Upper Brookville, NY 11771

☐ Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP

Peter Mash MGRM
875 Fifth Avenue
New York, New York 10021

☐ Delete

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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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

4/18/00

Date

516-656-3484

Daytime Phone #

CR 110-3 (9/91)