

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # M99000001895

1. Entity Name
LICENT CAPITAL, LLC

FILED

01 JUL 16 AM 8:47
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business Mailing Address
100 JERICO QUADRANGLE JERICO NY 11753 **100 JERICO QUADRANGLE JERICO NY 11753**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

4. FEI Number **11-3489665** 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

**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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State
Due By September 26, 2001**

**9000004488779--3
-07/23/01--01004--017
*****50.00 *****50.00**

9. MANAGING MEMBERS / MANAGERS

10. ADDITIONS / CHANGES

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Change	Addition
	MGRM	ROSS, JACK	4 RED FOX LAKE UPPER BROOKVILLE NY 11545					<input type="checkbox"/>	<input type="checkbox"/>
	MGRM	ROSS, ROBIN	4 RED FOX LANE UPPER BROOKVILLE NY 11545					<input type="checkbox"/>	<input type="checkbox"/>
	MGRM	KARABEL, SIDNEY	4928 NW 86TH ROAD CORAL SPRINGS FL 33067					<input type="checkbox"/>	<input type="checkbox"/>
	MGRM	DESANTIS, CONRAD J	12 DOGWOOD LANE RYE NY 10580					<input type="checkbox"/>	<input type="checkbox"/>
	MGRM	MARSH, BRADLEY	35 CHESTNUTHILL DRIVE UPPER BROOKVILLE NY 11771					<input type="checkbox"/>	<input type="checkbox"/>
	MGRM	MARSH, PETER	875 FIFTH AVENUE NEW YORK FL 10021					<input type="checkbox"/>	<input type="checkbox"/>

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 of Robin Ross* **7/11/01** **516-937-7678**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

CR2E083 (5/01)

STAPLE CHECK HERE