

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # Z00576

1. Entity Name

ANCLOTE CORNER ASSOCIATES, L.C.

FILED

00 JAN 14 PM 4: 00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

2525 PALMER AVE

% ALLEN WEBER

NEW ROCHELLE NY 10801

Mailing Address

2525 PALMER AVE

% ALLEN WEBER

NEW ROCHELLE NY 10801-4476

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

59-3123399

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

C T CORPORATION SYSTEM

1200 SOUTH PINE ROAD

PLANTATION FL 33324

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
PIZZITOLA, STEPHEN F
188 E 70TH STREET
NEW YORK NY ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
600003105686--8
-01/21/00--01013--019
*****50.00 *****50.00
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
MGRM
WEBER, ALLEN
2525 PALMER AVENUE
NEW ROCHELLE NY ☐ Delete

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

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☐ 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.

Allen Weber

SIGNATURE:

SIGNATURE REQUIRED

1/11/00

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

Date

Daytime Phone #