

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F97000003659

1. Entity Name

CURZON DEVELOPMENT CORP.

FILED
Apr 21, 2000 8:00 am
Secretary of State

04-21-2000 90169 046 ***150.00

Principal Place of Business

Mailing Address

2 WISCONSIN CIRCLE #700
CHEVY CHASE MD 20815

2 WISCONSIN CIRCLE #700
CHEVY CHASE MD 20815-7007

2. Principal Place of Business

8000 OLD GEORGETOWN ROAD

3. Mailing Address

8000 OLD GEORGETOWN ROAD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

BETHESDA, MD

City & State

BETHESDA, MD

4. FEI Number

52-1629466

Applied For

Not Applicable

Zip

20814

Country

USA

Zip

20814-2427

Country

USA

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

DIPASQUALE, TARA A
11309 KNOT WAY
COOPER CITY FL 33026

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

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete
NAME P
STREET ADDRESS PLOTNEK, HAROLD
CITY-ST-ZIP 2 WISCONSIN CIRCLE #700
CHEVY CHASE MD 20815

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

TITLE ☐ Delete
NAME VST
STREET ADDRESS KAUFMAN, JAY
CITY-ST-ZIP 2 WISCONSIN CIRCLE #700
CHEVY CHASE MD 20815

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

TITLE ☐ Delete
NAME V
STREET ADDRESS PLOTNEK, DAVID
CITY-ST-ZIP 2 WISCONSIN CIRCLE #700
CHEVY CHASE MD 20815

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

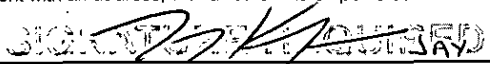
TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

13. 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 or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

 KAUFMAN
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/13/00
Date

301/951-5804
Daytime Phone #

CR2E034 (9/99)