

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 17, 2001 8:00 am
Secretary of State

07-17-2001 90007 003 ***550.00

0138681 SP

DOCUMENT # F98000002841

1. Entity Name
DESERT HOTEL CORP.

STATE
 ✓

Principal Place of Business Mailing Address
 % AVR. ONE EXECUTIVE BLVD. % AVR. ONE EXECUTIVE BLVD.
 YONKERS NY 10701 YONKERS NY 10701



DO NOT WRITE IN THIS SPACE

| | | | | | | | |
|--------------------------------|--|---------------------|--|------------------------------------|--|---|--|
| 2. Principal Place of Business | | 3. Mailing Address | | 4. FEI Number 13-3625322 | | Applied For <input type="checkbox"/> Not Applicable | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | 5. Certificate of Status Desired | | <input type="checkbox"/> \$8.75 Additional Fee Required | |
| City & State | | City & State | | Zip | | Country | |
| Zip | | Country | | Zip | | Country | |

| | | | | | | | |
|---|--|--|--|--|--|----|--|
| 6. Name and Address of Current Registered Agent | | | | 7. Name and Address of New Registered Agent | | | |
| CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE FL 32301-2525 | | | | Name | | | |
| | | | | Street Address (P.O. Box Number is Not Acceptable) | | | |
| | | | | City | | FL | |

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)

| | | | |
|---|--|---|------------------------------------|
| 9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/> | FILE NOW!!! FEE IS \$550.00 After September 12, 2001 Fee will be \$750.00 Make Check Payable to Department of State | 10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> | \$5.00 May Be Added to Fees |
|---|--|---|------------------------------------|

| 11. OFFICERS AND DIRECTORS | | 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
|--|---|---|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | CP ROSE, ALLAN V ONE EXECUTIVE BLVD. YONKERS NY 10701 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | V CHEIKES, VICKI G 1370 AVENUE OF THE AMERICAS, 27TH FL. NEW YORK NY 10019 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | ✓ <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition CHEIKES, VICKI G 300 GARDEN CITY PLAZA - 5EA. GARDEN CITY, NY 11530 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | S IDE, FRED E ONE EXECUTIVE BLVD. YONKERS NY 10701 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

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: *Signature Required* Date: 7/11/01 Daytime Phone #: 914.965-3890

CR2E034 (5/01)