2001 UNIFORM BUSINESS REPORT (UBR)

1. Entity Nam		000002272		,	,		FILED	
Principal Place of Business Mailing Address							N 17 PM 2	: 07
444 BRICKELL MIAMI FL 331	. Avenue. Suite 535 31	ONE GATEWAY CENTER. 3RD FLOOR NEWARK NJ 07102				TALLAHA	ARY OF STAT	[E
						. (1881) 1711 810 1810 1711 1811 1811 1811		
2. Principal P	Place of Business	3. Mailing Address			-		j i 41 014. 00 410 11016 11011 1	!00\$0 3 100 \$
Suite, Apt. #, etc.		Suite, Apt. #, etc.				DO NOT WRITE IN THIS SPACE		
City & Stat	e	City & State			4. FEI N	4. FEI Number 22-3612536 Applied For Not Applicable		
Zip	Country	Zip Country		itry	5. Certi		¬ \$5.00 Add	ditional
	6. Name and Address of Curr	ent Registered Agent			7. Nam	e and Address of New Regis	Fee Require	<u> </u>
				Name				
RANIERE, VINCENT J				Street Address (P.O. Box Number is Not Acceptable)				
MIAMI FL	KELL AVENUE, SUITE 800							
1112 4111 1 C	•			City			FL Zip Code	e
8. The above named entity submits this statement for the purpose of changing				FL				
8. The above	named entity submits this statemen	nt for the purpose of changing	j its registeri	ea office or regis	stered agent,	or both, in the State of Florida.		
SIGNATURE .	Signature, typed or printed name of registered a	gent and title if applicable	NOTE: Basistere	d Agent signature requ	ired when reinstati	ing)	DATE	
	Signature, types or printed traine or registered a	ден ане ше и аррисале.	NOTE: Negistero	o Agent algriatule radi	JII OG WI IGIT TOTTISTEE		DAIL	-
				FEE IS \$50.0 o Departmen			•	
0	MANACINIC ME	MBERS/MEMBERS	10.			ADDITIONS/CHA	MCES	
9. · Title	MGRM .	Delete	TITL	E	* *	1000035		Addition
NAME	RANIERE, VINCENT J		NAM			-01/23/0	6.331 101068	-033
STREET ADDRESS CITY-ST-ZIP	444 BRICKELL AVENUE, SUN MIAMI FL 33131	E 535		ET ADDRÉSS - ST-ZIP		*****50	.00 ****	50,00
TITLE	MGR	☐ Delete	ΤΙΤΙ	E			☐ Change	☐ Addition
NAME	CODIGNOTTO, STEPHEN	V OTD ADD EI	NAM					
STREET ADDRESS CITY-ST-ZIP	% IDOM INC., ONE GATEWAY NEWARK NJ 07102	Y CIR., 3RD FL	1	ET ADDRESS -ST-ZIP				
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STREET ADDRESS City-S1-Zip		•		ET ADDRESS -ST-ZIP	\	4 /		
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STREET ADDRESS	_			ET ADDRESS				
CITY-ST-ZIP	portify that the information are "	with this filles does ast sur-		-ST-ZIP	Santian 110		har cartifu that the fi	nformation
indicated limited lia	certify that the information supplied on this report is true and accurate bility company or the receiver or true.	and that my signature shall be	ive the same	e legal effect as required by Cb repnen Cod	if made unde	rioath, that I am a managing r	nember or manage	r of the
SIGNAT	SIGNATURE AND TYPED OR PRINTED NAI	ME OF SIGNING MANAGING MEMBER,	MANAGER, OR	AUTHORIZED REPRI	ESENTATIVE	Date	Daytime Phone #	