

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 229647

1. Entity Name

MONDEX REALTY, INC.

FILED
Jan 18, 2000 8:00 am
Secretary of State

01-18-2000 90067 045 ***150.00

Principal Place of Business		Mailing Address	
C/O RICHARD ANDER 197 CEDAR LANE TEANECK NJ 07666 US		C/O STEPHEN R. REINER 135 CENTRAL PARK WEST, 3-SC NEW YORK FL 10023-2413 US	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



DO NOT WRITE IN THIS SPACE

4. FEI Number		59-1030974		Applied For
				Not Applicable
5. Certificate of Status Desired		<input type="checkbox"/>		\$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent
GORDON, MITCHELL A. 149 SO RODGEWOOD AVE DAYTONA BCH FL 32115				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	VD	TITLE	
NAME	REINER, WESLEY	NAME	
STREET ADDRESS	7 SPRING HILL ROAD	STREET ADDRESS	
CITY-ST-ZIP	NORTH SALEM NY 10560	CITY-ST-ZIP	
TITLE	DP	TITLE	
NAME	REINER, STEPHEN	NAME	
STREET ADDRESS	135 CENTRAL PARK WEST	STREET ADDRESS	
CITY-ST-ZIP	NEW YORK, NY 00000 10023	CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #