

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 229647

1. Entity Name

MONDEX REALTY, INC.

**FILED**  
**Jan 18, 2001 8:00 am**  
**Secretary of State**

01-18-2001 90018 002 \*\*\*150.00

Principal Place of Business

C/O RICHARD ANDER  
197 CEDAR LANE  
TEANECK NJ 07666  
US

Mailing Address

C/O STEPHEN R. REINER  
135 CENTRAL PARK WEST, 3-SC  
NEW YORK FL 10023  
US

A0006249



DO NOT WRITE IN THIS SPACE

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 59-1030974

Applied For  
Not Applicable

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

GORDON, MITCHELL A.  
~~149 SO RODGEWOOD AVE~~ 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, 2001 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  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
VD  
REINER, WESLEY  
7 SPRING HILL ROAD  
NORTH SALEM NY 10560 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
2 SPRING HILL ROAD ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
DP  
REINER, STEPHEN  
135 CENTRAL PARK WEST  
NEW YORK, NY 00000 10023 ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

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

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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: Stephen R. Reiner President STEPHEN R. REINER

1/14/01

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

0442327

CR2E034 (10/00)