

2001 UNIFORM BUSINESS REPORT (UBR)

pg 192

0594042

DOCUMENT # 251884

1. Entity Name

AMERICAN INTERNATIONAL MARINE AGENCY OF FLORIDA,

FILED

01 MAY -1 PM 12: 50

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business

C/O AMER. INTL. MARINE AGENCY OF NEW YORK
80 MAIDEN LANE, 24TH FLOOR
NEW YORK NY 10038

Mailing Address

70 PINE STREET
ATTN:ELIZABETH TUCK
NEW YORK NY 10270

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 13-1950147

Applied For
Not Applicable

Zip

Country

Zip

Country

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

THE PRENTICE-HALL CORPORATION SYSTEM, INC.
1201 HAYS STREET, SUITE 105
TALLAHASSEE FL 32301

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 PD ☐ Delete
NAME FRENCH, DAVID S
STREET ADDRESS 80 MAIDEN LANE
CITY-ST-ZIP NEW YORK NY 10038

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

TITLE V ☐ Delete
NAME HARTMANN, GEORGE H
STREET ADDRESS 80 MAIDEN LANE
CITY-ST-ZIP NEW YORK NY 10038

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

TITLE T ☒ Delete
NAME NITZSCHE, GARY
STREET ADDRESS 70 PINE STREET
CITY-ST-ZIP NEW YORK NY 10270

TITLE ☐ Change ☒ Addition
NAME Warantz, Michael
STREET ADDRESS 70 Pine Street
CITY-ST-ZIP New York, NY 10270

TITLE S ☐ Delete
NAME TUCK, ELIZABETH M
STREET ADDRESS 70 PINE STREET
CITY-ST-ZIP NEW YORK NY 10270

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

TITLE D ☒ Delete
NAME GREENBERG, EVAN G
STREET ADDRESS 70 PINE STREET
CITY-ST-ZIP NEW YORK NY 10270

TITLE ☐ Change ☒ Addition
NAME C/D Tizzio, Thomas R.
STREET ADDRESS 175 Water Street
CITY-ST-ZIP New York, NY 10038

TITLE D ☐ Delete
NAME ROBERTS, JOHN J
STREET ADDRESS 70 PINE STREET
CITY-ST-ZIP NEW YORK NY 10270

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:

Elizabeth M. Tuck
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

(212) 770-7000

CR2E034 (10/00)

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ACCOUNT NO. : 072100000032

REFERENCE : 134356 4320171

AUTHORIZATION :

COST LIMIT : \$ 150.00

ORDER DATE : May 1, 2001

ORDER TIME : 10:57 AM

ORDER NO. : 134356-120

CUSTOMER NO: 4320171

CUSTOMER: Ms. Bernadette Colon
American International Group,
70 Pine Street
30th Floor
New York, NY 10270

RECEIVED
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
2001 MAY - 1 PM 12: 15
NOT ENTERED
TO ACKNOWLEDGE
SUFFICIENCY OF FILING.

ANNUAL REPORT FILING

NAME: AMERICAN INTERNATIONAL MARINE
AGENCY OF FLORIDA

XX ANNUAL REPORT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

 CERTIFIED COPY
XX PLAIN STAMPED COPY
 CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Deborah Schroder - Ext.

EXAMINER'S INITIALS: _____