

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 30, 2002 8:00 am
Secretary of State

01-30-2002 90119 015 ***150.00

DOCUMENT # 386085

1. Entity Name
MONDEX PROPERTIES, INC.

Principal Place of Business

**595 NO NOVA RD
109 K (C/O LA COVR)
ORMOND BEACH FL 32174
US**

Mailing Address

**C/O STEPHEN R REINER
135 CENTRAL PARK W. 3-SC
NEW YORK NY 10023
US**

2. Principal Place of Business

**595 NORTH NOVA ROAD
Suite, Apt. #, etc.
Room 209 (c/o LA COVR)**

3. Mailing Address

Suite, Apt. #, etc.

City & State

ORMOND BEACH, FL

City & State

Zip

Country

32174 USA

4. FEI Number

59-1365191

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**GORDON, MITCHELL A.
149 SO RIDGEWOOD AVE
PO BOX 968
DAYTONA BCH FL 32115**

7. Name and Address of New Registered Agent

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, 2002 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

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

TITLE **DS** ☐ Delete
NAME **REINER, WESLEY**
STREET ADDRESS **2 SPRING HILL ROAD**
CITY-ST-ZIP **NORTH SALEM NY 10560**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

TITLE ☐ Change ☐ Addition
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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:

Stephen R Reiner, President (STEPHEN R REINER)
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)