

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 15, 2002 8:00 am
Secretary of State

05-15-2002 90097 024 ***150.00

DOCUMENT # 835345

1. Entity Name

MAD RANCH REALTY CORPORATION

Principal Place of Business

**23 WALL STREET
 NEW YORK NY 10260-0023
 US**

Mailing Address

**23 WALL STREET
 NEW YORK NY 10260-0023
 US**

2. Principal Place of Business

522 5th Ave

Suite, Apt. #, etc.

3. Mailing Address

522 5th Ave

Suite, Apt. #, etc.

City & State **New York, NY**

City & State **New York, NY**

Zip **10036**

Country **US**

Zip **10036**

Country **US**

4. FEI Number **13-2833325**

Applied For
 Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

**CT CORPORATION SYSTEM
 1200 S. PINE ISLAND ROAD
 PLANTATION FL 33324**

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 **DVPS** ☒ Delete
 NAME **MANCUSO, ANNE M.**
 STREET ADDRESS **23 WALL STREET**
 CITY-ST-ZIP **NEW YORK NY 10260-0023**

TITLE **DVPA** ☒ Delete
 NAME **SEHIAVI, JANINE M.**
 STREET ADDRESS **23 WALL STREET**
 CITY-ST-ZIP **NEW YORK NY 10260-0023**

TITLE **DVPA** ☒ Delete
 NAME **METZ, RICHARD**
 STREET ADDRESS **23 WALL STREET**
 CITY-ST-ZIP **NEW YORK NY 10260-0023**

TITLE **PD** ☒ Delete
 NAME **DUGOFF, RICHARD L**
 STREET ADDRESS **23 WALL STREET**
 CITY-ST-ZIP **NEW YORK NY 10260-0023**

TITLE **DVPS** ☒ Delete
 NAME **RODITI, JACK**
 STREET ADDRESS **23 WALL STREET**
 CITY-ST-ZIP **NEW YORK NY 10260-0023**

TITLE **VPAS** ☒ Delete
 NAME **LLOYD, DONNA**
 STREET ADDRESS **23 WALL STREET**
 CITY-ST-ZIP **NEW YORK NY 10260-0023**

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **TASD** ☐ Change ☒ Addition
 NAME **STEVEN BERK**
 STREET ADDRESS **1211 AVE OF THE AMERICAS, NEW YORK, NY 10036**
 CITY-ST-ZIP

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

TITLE **VPASD** ☒ Change ☐ Addition
 NAME **RICHARD METH**
 STREET ADDRESS **522 5TH AVE, NEW YORK, NY 10036-7601**
 CITY-ST-ZIP

TITLE **PD** ☒ Change ☐ Addition
 NAME **RICHARD DUGOFF**
 STREET ADDRESS **522 5TH AVE, NEW YORK, NY 10036-7601**
 CITY-ST-ZIP

TITLE **VPASD** ☒ Change ☐ Addition
 NAME **JACK RODITI**
 STREET ADDRESS **522 5th AVE, NEW YORK, NY 10036-7601**
 CITY-ST-ZIP

TITLE **VPASD** ☐ Change ☒ Addition
 NAME **JEAN KIHM**
 STREET ADDRESS **522 5TH AVE, NEW YORK, NY 10036-7601**
 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 another like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/23/02 212-789-4306

CR25004 (9/01)