

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 847872

1. Entity Name

AUSTIN, NICHOLS & CO., INCORPORATED

Principal Place of Business

Mailing Address

156 E. 46TH ST.
NEW YORK NY 10017

156 E. 46TH ST.
NEW YORK NY 10017-2632

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

13-3061033

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

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

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 ☐ Delete

NAME
RICARD, P L
STREET ADDRESS
142 BD HAUSSMAN
CITY-ST-ZIP
PARIS, FRANCE 00000

TITLE ☐ Delete

NAME
FOUSSIER, CLAUDE
STREET ADDRESS
142 BD HAUSSMANN
CITY-ST-ZIP
PARIS, FRANCE

TITLE ☐ Delete

NAME
RIBAUDO, ST
STREET ADDRESS
156 EAST 46TH STREET
CITY-ST-ZIP
NEW YORK, NY 00000

TITLE ☐ Delete

NAME
BORD, MICHEL
STREET ADDRESS
156 E. 46TH ST.
CITY-ST-ZIP
NEW YORK, NY 0

TITLE ☐ Delete

NAME
JACQUILLAT, T E
STREET ADDRESS
142 BD HAUSSMANN
CITY-ST-ZIP
PARIS, FRANCE 00000

TITLE ☒ Delete

NAME
NGUYEN, VINCENT
STREET ADDRESS
156 E. 46TH ST.
CITY-ST-ZIP
NEW YORK NY

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☒ Addition

NAME
PETER BARBARO
STREET ADDRESS
156 EAST 46TH ST.
CITY-ST-ZIP
NEW YORK, NY 10017

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: *Peter Barbaro* **PETER BARBARO**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/7/00

212-455-9464

Date

Daytime Phone #

CR2E034 (9/99)



DO NOT WRITE IN THIS SPACE