

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 19, 2000 8:00 am**  
**Secretary of State**

01-19-2000 90109 050 \*\*\*150.00

**DOCUMENT # 853370**  
 i. Entity Name  
**C & O REALTY CORP.**

|  |   |
|--|---|
| Principal Place of Business<br>EAST 74TH ST.<br>.. YORK NY 10021 | Mailing Address<br>36 EAST 74TH ST.<br>NEW YORK NY 10021-2735 |
|--|---|

**901001**



DO NOT WRITE IN THIS SPACE

|                             |         |                     |         |
|-----------------------------|---------|---------------------|---------|
| Principal Place of Business |         | 3. Mailing Address  |         |
| Suite, Apt. #, etc.         |         | Suite, Apt. #, etc. |         |
| City & State                |         | City & State        |         |
| Zip                         | Country | Zip                 | Country |

|   |  |
|---|--|
| 4. FEI Number<br><b>13-3119322</b>                        | Applied For<br><input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | <b>\$8.75</b> Additional Fee Required                  |

**6. Name and Address of Current Registered Agent**

**LINDSEY, DONNA HUANG**  
**15924 ELLSWORTH DR.**  
**TAMPA FL 33647**

**7. Name and Address of New Registered Agent**

Name \_\_\_\_\_  
 Street Address (P.O. Box Number is Not Acceptable) \_\_\_\_\_  
 City **FL** Zip Code \_\_\_\_\_

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: \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

5. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

10. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2000 Fee will be \$550.00**  
**Make Check Payable to Department of State**

| OFFICERS AND DIRECTORS  |                                 | 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 |   |
|---|---------------------------------|---|---|
| PTD<br>HUANG, PAUL<br>36 E. 74TH ST.<br>NY NY                 | <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| VD<br>HUANG, CHARLES<br>36 E. 74TH ST.<br>NEW YORK NY         | <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| VSD<br>LINDSEY, DONNA HUANG<br>15924 ELLSWORTH DR<br>TAMPA FL | <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| D<br>CHA, ASSUNTA<br>5 WILLOW CRESMENT<br>BROOKLINE MA        | <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| D<br>IP, CECILIA<br>427 PAZZI RD.<br>WALNUT CREEK CA          | <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| D<br>MARTI, DUEN<br>UNTERE HARDEGG 32<br>4600 OLTEN, SWITZ.   | <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

CR2E034 (9/99)

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: *Donna Huang* **REGISTERED AGENT** *1/17/00*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #