

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # 853370**

1. Entity Name

C & O REALTY CORP.

Principal Place of Business

**36 EAST 74TH ST.
NEW YORK NY 10021**

Mailing Address

**36 EAST 74TH ST.
NEW YORK NY 10021**

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 **13-3119322**

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

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

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	NAME	STREET ADDRESS	CITY-ST-ZIP	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
PTD	HUANG, PAUL	36 E. 74TH ST.	NY NY				
VD	HUANG, CHARLES	36 E. 74TH ST.	NEW YORK NY				
VSD	LINDSEY, DONNA HUANG	15924 ELLSWORTH DR	TAMPA FL				
D	CHA, ASSUNTA	5 WILLOW CRESENT	BROOKLINE MA				
D	IP, CECILIA	427 PAZZI RD.	WALNUT CREEK CA				
D	MARTI, DUEN	UNTERE HARDEGG 32	4600 OLTEN, SWITZ.				

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**FILED
Jan 20, 2001 8:00 am
Secretary of State**

01-20-2001 90106 037 ***150.00



DO NOT WRITE IN THIS SPACE

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CR2E034 (10/00)