

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A07618**

1. Entity Name

**BRANTEX ASSOCIATES, LTD.**

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

00 FEB 18 AM 8:51

Principal Place of Business  
% NEEDMORE CORPORATION  
654 MADISON AVE. SUITE 1801  
NEW YORK NY 10021

Mailing Address  
% NEEDMORE CORPORATION  
654 MADISON AVE. SUITE 1801  
NEW YORK NY 10021-8404



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **13-2996674**

Applied For  
Not Applicable

Zip

Country

Zip

Country

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

PRENTICE-HALL CORPORATION SYSTEM, INC.  
1201 HAYS ST.  
SUITE 105  
TALLAHASSEE FL 32301

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

9. Capital Contributions as Shown on record. **\$709,388.00**

10. Amount of Capital Contributions in FLORIDA to date.

11. MAKE CHECK PAYABLE TO DEPT. OF STATE  
SEE REVERSE SIDE FOR FEE INFORMATION

**A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.**  
**NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.**

12. GENERAL PARTNER INFORMATION

13. ADDRESS CHANGES ONLY

DOCUMENT # **843552**  
NAME **NEEDMORE CORPORATION**  
STREET ADDRESS **654 MADISON AVE. STE. 1801**  
CITY - ST - ZIP **NEW YORK NY**

STREET ADDRESS  
CITY - ST - ZIP  
**100003156021--1**  
**-03/03/00--01020--010**  
**\*\*\*526.25 \*\*\*526.25**

DOCUMENT #  
NAME **LANDAU, RICHARD E.**  
STREET ADDRESS **10A COOPER ROAD**  
CITY - ST - ZIP **SCARSDALE NY**

STREET ADDRESS  
CITY - ST - ZIP  
**mf 2/29/00**

DOCUMENT #  
NAME **WINSTON, LAWRENCE J.**  
STREET ADDRESS **30 TODD DRIVE**  
CITY - ST - ZIP **GLEN HEAD NY**

STREET ADDRESS  
CITY - ST - ZIP

DOCUMENT #  
NAME **TURCHYN, WILLIAM JR.**  
STREET ADDRESS **530 EAST 76TH ST., #17H**  
CITY - ST - ZIP **NEW YORK NY**

STREET ADDRESS  
CITY - ST - ZIP

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

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NAME  
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STREET ADDRESS  
CITY - ST - ZIP

14. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE:

*Rose Anne Motta* **ROSE ANNE MOTTA** **2/15/00** **212-751-6052**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

CR2E003 (9/99)