

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Aug 26, 2002 8:00 am**  
**Secretary of State**

08-26-2002 90068 021 \*\*\*550.00

**DOCUMENT # F00000005962**

1. Entity Name  
**CITYPLACE EQUIPMENT COMPANY, INC.**

Principal Place of Business  
**625 MADISON AVENUE**  
**% THE RELATED COMPANIES - LESLEY BENJAMIN**  
**NEW YORK NY 10022**

Mailing Address  
**625 MADISON AVENUE**  
**% THE RELATED COMPANIES - LESLEY BENJAMIN**  
**NEW YORK NY 10022**

**B0135230**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business  
 Suite, Apt. #, etc.  
 City & State  
 Zip Country

3. Mailing Address  
 Suite, Apt. #, etc.  
 City & State  
 Zip Country

4. FEI Number **13-4140454** Applied For  
 Not Applicable

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

6. Name and Address of Current Registered Agent  
**CORPORATION SERVICE COMPANY**  
**1201 HAYS STREET**  
**TALLAHASSEE FL 32301-2525**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ (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. ☐ **FILE NOW!!! FEE IS \$550.00**  
**After September 13, 2002 Fee will be \$750.00**  
**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	P	<input type="checkbox"/> Delete	TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HIMMEL, KEN		NAME	Himmel, Kenneth	
STREET ADDRESS	625 MADISON AVENUE		STREET ADDRESS	625 Madison Ave	
CITY-ST-ZIP	NEW YORK NY 10022		CITY-ST-ZIP	New York NY 10022	
TITLE	VST	<input type="checkbox"/> Delete	TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BURGER, MARTY		NAME	Burger, Martin	
STREET ADDRESS	625 MADISON AVENUE		STREET ADDRESS	625 Madison Ave	
CITY-ST-ZIP	NEW YORK NY 10022		CITY-ST-ZIP	New York NY 10022	
TITLE	CD	<input type="checkbox"/> Delete	TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROSS, STEPHEN M		NAME	Ross, Stephen M.	
STREET ADDRESS	625 MADISON AVENUE		STREET ADDRESS	625 Madison Ave	
CITY-ST-ZIP	NEW YORK NY 10022		CITY-ST-ZIP	New York NY 10022	
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	DVP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	PEREZ, JORGE		NAME	Macleod, Bruce	
STREET ADDRESS	2828 CORAL WAY		STREET ADDRESS	625 Madison Ave	
CITY-ST-ZIP	MIAMI FL 33145		CITY-ST-ZIP	New York NY 10022	
TITLE	D	<input type="checkbox"/> Delete	TITLE	EVP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	O'CONNOR, J W		NAME	Brenner, Michael	
STREET ADDRESS	349 PARK AVENUE, 25TH FLOOR		STREET ADDRESS	625 Madison Ave	
CITY-ST-ZIP	NEW YORK NY 10022		CITY-ST-ZIP	New York NY 10022	
TITLE		<input type="checkbox"/> Delete	TITLE	S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME			NAME	McGuire, Susan	
STREET ADDRESS			STREET ADDRESS	625 Madison Ave	
CITY-ST-ZIP			CITY-ST-ZIP	New York NY 10022	

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] 8/22/2002 212 421 5333

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (4/02)