

FILED
Apr 02, 2002 8:00 am
Secretary of State

04-02-2002 90871 012 ***150.00

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # **F01000002186**

1. Entity Name

Reinsurex Intermediary Inc.

DO NOT WRITE IN THIS SPACE

755488

2. Principal Place of Business

40 West 75th ST

Suite, Apt. #, etc.

2A

3. Mailing Address

40 West 75th ST

Suite, Apt. #, etc.

2A

DO NOT WRITE IN THIS SPACE

City & State

New York, NY

City & State

New York, NY

4. FEI Number

13-4131956

Applied For

Not Applicable

Zip

10023

Country

U.S.A.

Zip

10023

Country

U.S.A.

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

Corporation Service Company

Street Address (P.O. Box Number is Not Acceptable)

1201 Hays Street

City

Tallahassee

FL

Zip Code

32301

**DO NOT WRITE
IN THIS SPACE**

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) ☐

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
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

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
President, Treasurer & Director
Peter Crosby
40 W. 75th ST, Apt. 2A
New York, NY 10023

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
Secretary
Salvatore Tucci
620 Chestnut ST
Roselle Park, NJ 07204

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

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CITY-STATE-ZIP

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IN THIS SPACE**

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 on an attachment with an address, with all other like empowered.

SIGNATURE:

Peter J. Crosby

3/15/02

(212) 874-0682

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034B (12/01)