

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F93000000996

1. Entity Name

MODEX IMPERIALAKES, INC.

**FILED**  
**Sep 18, 2000 8:00 am**  
**Secretary of State**

09-18-2000 90045 017 \*\*\*550.00

Principal Place of Business

1180 AVENUE OF THE AMERICAS  
18TH FLOOR  
NEW YORK NY 10036-8401

Mailing Address

1180 AVENUE OF THE AMERICAS  
18TH FLOOR  
NEW YORK NY 10036-8401

2. Principal Place of Business

220 EAST 42ND STREET

Suite, Apt. #, etc.

27TH FLOOR

City & State

NEW YORK, NY

Zip

10017

Country

USA

3. Mailing Address

220 EAST 42ND STREET

Suite, Apt. #, etc.

27TH FLOOR

City & State

NEW YORK, NY

Zip

10017

Country

USA



DO NOT WRITE IN THIS SPACE

4. FEI Number

13-3696463

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

NATIONAL CORPORATE RESEARCH, LTD., INC.  
1406 HAYS STREET  
SUITE 2  
TALLAHASSEE FL 32301

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.

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 \$550.00**  
**After SEPTEMBER 13, 2000 Min. 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

TITLE P ☐ Delete  
NAME TANSEY, FRANCES X  
STREET ADDRESS 1180 AVE OF THE AMERICAS, 18TH FL  
CITY-ST-ZIP NEW YORK NY 10036

TITLE S ☐ Delete  
NAME LUSKI, DAVID  
STREET ADDRESS 1180 AVE OF THE AMERICAS, 18TH FL  
CITY-ST-ZIP NEW YORK NY 10036

TITLE T ☐ Delete  
NAME SUMMERS, BRIAN T  
STREET ADDRESS 1180 AVE OF THE AMERICAS, 18TH FL  
CITY-ST-ZIP NEW YORK NY 10036

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS 220 EAST 42ND STREET, 27TH FLOOR  
CITY-ST-ZIP NEW YORK, NY 10017

TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS 220 EAST 42ND STREET, 27TH FLOOR  
CITY-ST-ZIP NEW YORK, NY 10017

TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS 220 EAST 42ND STREET, 27TH FLOOR  
CITY-ST-ZIP NEW YORK, NY 10017

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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 REBRIANED SUMMERS  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/13/00  
Date

212-677-474  
Daytime Phone #

CR2E034 (5/00)