

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F93000002870

1. Entity Name

MABRIZ CORP.

FILED

Feb 24, 2000 8:00 am
Secretary of State

02-24-2000 90062 046 ***150.00

Principal Place of Business

Mailing Address

% JOSEPH AND KOPPEL
60 EAST 42ND STREET, SUITE 1115
NEW YORK NY 10165

% JOSEPH AND KOPPEL
60 EAST 42ND STREET, SUITE 1115
NEW YORK NY 10165-1199

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

13-3587651

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

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

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, 2000 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	DCP	<input checked="" type="checkbox"/> Delete
NAME	GLOTIN, PAUL	
STREET ADDRESS	60 EAST 42ND STREET, SUITE 1115	
CITY-ST-ZIP	NEW YORK NY	
TITLE	DV	<input checked="" type="checkbox"/> Delete
NAME	GAILLY, NICOLAS	
STREET ADDRESS	60 EAST 42ND STREET, SUITE 1115	
CITY-ST-ZIP	NEW YORK NY 10165-0095	
TITLE	DS	<input checked="" type="checkbox"/> Delete
NAME	KOPPEL, RICHARD U	
STREET ADDRESS	60 EAST 42ND STREET, SUITE 1115	
CITY-ST-ZIP	NEW YORK NY 10165-0095	
TITLE	AS	<input checked="" type="checkbox"/> Delete
NAME	KESSLER, BARRY	
STREET ADDRESS	60 EAST 42ND STREET, SUITE 1115	
CITY-ST-ZIP	NEW YORK NY 10165-0095	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	DCP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DeKergorlay, Thibault	
STREET ADDRESS	60 East 42 Street, Suite 1115	
CITY-ST-ZIP	New York, NY 10165	
TITLE	DV	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GAINZA, DANIEL	
STREET ADDRESS	60 East 42 Street Suite 1115	
CITY-ST-ZIP	New York, NY 10165	
TITLE	DS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SURVILLE, HUBERT	
STREET ADDRESS	60 East 42 Street Suite 1115	
CITY-ST-ZIP	New York, NY 10165	
TITLE	DS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KESSLER, BARRY	
STREET ADDRESS	60 East 42 Street, Suite 1115	
CITY-ST-ZIP	New York, NY 10165	
TITLE	AS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KOPPEL, RICHARD U	
STREET ADDRESS	60 East 42 Street, Suite 1115	
CITY-ST-ZIP	New York, NY 10165	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)