

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F94000005481

1. Entity Name

U.S.N. MANAGEMENT, INC.

FILED  
Feb 01, 2001 8:00 am  
Secretary of State

02-01-2001 90183 007 \*\*\*150.00

Principal Place of Business

2801 PONCE DE LEON BLVD.  
SUITE 555  
CORAL GABLES FL 33134

Mailing Address

125 THEODORE CONRAD DRIVE  
JERSEY CITY NJ 07305  
US

00012744



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 65-0521923

Applied For  
Not Applicable

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 S. PINE ISLAND RD.  
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, 2001 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 PCEO ☐ Delete  
NAME DRASNER, FRED  
STREET ADDRESS 450 W 33RD STREET  
CITY-ST-ZIP NEW YORK NE 10001

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

TITLE EVP ☐ Delete  
NAME KRALL, MARTIN  
STREET ADDRESS 450 W 33RD STREET  
CITY-ST-ZIP NEW YORK NE 10001

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

TITLE CFO ☐ Delete  
NAME PECK, THOMAS H  
STREET ADDRESS 125 THEODORE CONRAD DRIVE  
CITY-ST-ZIP JERSEY CITY NJ 07305

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

TITLE D ☐ Delete  
NAME ZUCKERMAN, MORTIMER B  
STREET ADDRESS 599 LEXINGTON AVE  
CITY-ST-ZIP NEW YORK NY 10022

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

TITLE D ☐ Delete  
NAME DRASNER, FRED  
STREET ADDRESS 450 WEST 33RD STREET  
CITY-ST-ZIP NEW YORK NY 10001

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

TITLE ☐ Delete  
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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JAMES LAPECA

Date

1/23/01

Daytime Phone #

CR2E034 (10/00)