

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 26, 2000 8:00 am**  
**Secretary of State**

01-26-2000 90052 014 \*\*\*158.75

**DOCUMENT # F95000000559**

1. Entity Name  
**PERKINS EASTMAN ARCHITECTS PC**

Principal Place of Business 115 FIFTH AVENUE 3RD FLOOR NEW YORK NY 10003		Mailing Address 115 FIFTH AVENUE 3RD FLOOR NEW YORK NY 10003-1004	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number **13-3044005** Applied For  Not Applicable

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



DO NOT WRITE IN THIS SPACE

<b>6. Name and Address of Current Registered Agent</b>		<b>7. Name and Address of New Registered Agent</b>	
<b>C T CORPORATION SYSTEM</b> <b>1200 SOUTH PINE ISLAND ROAD</b> <b>PLANTATION FL 33324</b>		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 \_\_\_\_\_ (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 \$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 NAME P PERKINS JR, L B	<input type="checkbox"/> Delete	TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS FOUR RECTORY LANE		STREET ADDRESS	
CITY-ST-ZIP SCARSDALE NY		CITY-ST-ZIP	
TITLE NAME V KING, DOUGLAS P	<input type="checkbox"/> Delete	TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 46 WEST 84TH ST		STREET ADDRESS	
CITY-ST-ZIP NEW YORK NY 10024		CITY-ST-ZIP	
TITLE NAME VSD EASTMAN, MARY-JEAN	<input type="checkbox"/> Delete	TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 11 LISPENARD STREET		STREET ADDRESS	
CITY-ST-ZIP NEW YORK NY		CITY-ST-ZIP	
TITLE NAME V HOGLUND, J D	<input type="checkbox"/> Delete	TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 265 ORCHARD DRIVE		STREET ADDRESS	
CITY-ST-ZIP PITTSBURGH PA		CITY-ST-ZIP	
TITLE NAME V SCHWARTZ, AARON B	<input type="checkbox"/> Delete	TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 326 W. 22ND STREET		STREET ADDRESS	
CITY-ST-ZIP NEW YORK NY		CITY-ST-ZIP	
TITLE NAME V STARK, JONATHAN N	<input type="checkbox"/> Delete	TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 77 SEVENTH AVENUE		STREET ADDRESS	
CITY-ST-ZIP NEW YORK NY		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 another like empowered.

**SIGNATURE:** \_\_\_\_\_ **REQUIRED** **01-19-00 212 353 7250**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #