

2000 UNIFORM BUSINESS REPORT (UBR)

48192

DOCUMENT # F95000000733

1. Entity Name

Coolidge - 1st Avenue Realty Corp.

FILED

00 APR 10 PM 1:32

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
St. Petersburg, Florida

Mailing Address
670 White Plains Rd.,
Suite 305
Scarsdale, NY 10583

2. Principal Place of Business
300 1st Avenue

3. Mailing Address
670 White Plains Rd, S. 305

City & State
St. Petersburg, Florida

City & State
Scarsdale, New York

Zip
Country
USA

Zip
Country
USA

4. FEI Number
13-3838785

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

CT Corporation System
1200 South Pine Island Road
Plantation, Florida 33324

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 _____ (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	<input type="checkbox"/> Delete		TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
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CITY-ST-ZIP			CITY-ST-ZIP		
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NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

DPT
Maidad Rabina
670 White Plains Road; Suite 305
Scarsdale, New York 10583

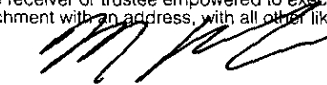
DV
Robert V. Tibunzi; Jr.
455 Central Park Avenue
Scarsdale, New York 10583

DVS
Michael Romita
455 Central Park Avenue
Scarsdale, New York 10583

100003201361--6

SP

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: X  4-5-00 914-722-4400

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

ACCOUNT FILING COVER SHEET

Podg

ACCOUNT NUMBER: FCA000000005

RECEIVED

REFERENCE: 40 20505
(Sub Account)

00 APR 10 PM 12:45

DATE: 4-10

DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

REQUESTOR NAME: Lexis Document Services

ADDRESS:

TELEPHONE: () (-) ext ()

CONTACT NAME:

CORPORATION NAME: Coolidge - 1st Avenue Realty Corp

DOCUMENT NUMBER:
(if applicable)

AUTHORIZATION:

C. Woodward
Cynthia J. Woodward

☒ CERTIFIED COPY (1-9)
☒ CERTIFICATE OF STATUS (1-9)
☒ PLAIN STAMPED COPY

() Call When Ready	() Call if Problem	() After 4:30
() Walk In	() Will Wait	() Pick Up
() Mail Out		