

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F95000001532

1. Entity Name

NEW IMAGE REALTY, INC.

Principal Place of Business

888 SEVENTH AVE.
SUITE 3400
NEW YORK NY 10106-0199

Mailing Address

888 SEVENTH AVE.
SUITE 3400
NEW YORK NY 10106-0199
US

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 88-0262895

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

NATIONAL CORPORATE RESEARCH, LTD., INC.
1406 HAYES ST.
SUITE 2
TALLAHASSEE FL 32301

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 PD ☐ Delete
NAME WALLACE, PAUL F
STREET ADDRESS 888 SEVENTH AVE.
CITY-ST-ZIP NEW YORK NY 10106-0199

TITLE VD ☐ Delete
NAME BORY, JUDITH
STREET ADDRESS 888 SEVENTH AVE.
CITY-ST-ZIP NEW YORK NY 10106-0199

TITLE VD ☐ Delete
NAME LOPATER, LAWRENCE
STREET ADDRESS 888 SEVENTH AVE, STE 3400
CITY-ST-ZIP NEW YORK NY 10106

TITLE ~~S~~ ☒ Delete
NAME ~~SPOTO, ANTONINA L~~
STREET ADDRESS ~~888 SEVENTH AVE.~~
CITY-ST-ZIP ~~NEW YORK NY 10106-0199~~

TITLE ~~T~~ ☒ Delete
NAME ~~KEVIN COLLINS~~
STREET ADDRESS ~~888 SEVENTH AVE.~~
CITY-ST-ZIP ~~NEW YORK NY~~

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

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

TITLE DVT ☒ 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

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:

Judith Bory

Judith Bory

1/9/01

212-333-2107

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

0442557

CR2E034 (10/00)

FILED
Jan 22, 2001 8:00 am
Secretary of State

01-22-2001 90017 036 ***150.00



DO NOT WRITE IN THIS SPACE