

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F95000001562

1. Entity Name
ADIPAR LTD., INC.

FILED

01 FEB 26 PM 2:01

Principal Place of Business
1412 BROADWAY, 9TH FLOOR
NEW YORK NY 10018
US

Mailing Address
1412 BROADWAY, 9TH FLOOR
NEW YORK NY 10018
US

SECRETARY OF STATE
TALLAHASSEE, FLORIDA
A0006557

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 22-3165240

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 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 *Barbara A. Burke*

BARBARA A. BURKE
SPECIAL ASSISTANT SECRETARY

2/20/00

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 \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
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 COB
STREET ADDRESS PALATIN, CLAUDE
CITY-ST-ZIP 1412 BRADWAY, 9TH FLOOR
NEW YORK NY

TITLE
NAME *Richard Simonin*
STREET ADDRESS 1412 Broadway
CITY-ST-ZIP New Yorks NY 10018
TITLE: COB

TITLE
NAME S
STREET ADDRESS SMITH, CHRISTOPHER H
CITY-ST-ZIP 1412 BRADWAY, 9TH FLOOR
NEW YORK NY

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME V
STREET ADDRESS RATUT, NICHOLAS
CITY-ST-ZIP 1412 BRADWAY, 9TH FLOOR
NEW YORK NY

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
100003809551-8
-03/07/01--01009--010
****750.00 ****750.00

TITLE
NAME VP
STREET ADDRESS ROEDER, JOHN
CITY-ST-ZIP 1412 BROADWAY
NEW YORK NY 10018

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
100003809551-8
-03/07/01--01009--011
****150.00 ****150.00

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (5/00)