

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 17, 2002 8:00 am**  
**Secretary of State**

02-17-2002 90021 010 \*\*\*150.00

**DOCUMENT # F95000003556**

1. Entity Name

**KOALA MIAMI REALTY HOLDING CO., INC.**

Principal Place of Business

C/O J.P. MORGAN INVESTMENT MGMT INC.  
 522 FIFTH AVENUE 19TH FLOOR  
 NEW YORK NY 10022  
 US

Mailing Address

C/O J.P. MORGAN INVESTMENT MGMT INC.  
 522 FIFTH AVENUE 19TH FLOOR  
 NEW YORK NY 10022  
 US

00025992



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

**C/O JPMorgan Chase Bank**

Suite, Apt. #, etc.

**522 5th Ave.**

City & State

**New York, NY**

Zip

**10036**

Country

**USA**

3. Mailing Address

**JPMorgan Chase Bank**

Suite, Apt. #, etc.

**522 5th Ave.**

City & State

**New York, NY**

Zip

**10036**

Country

**USA**

4. FEI Number

**13-3842315**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**C T CORPORATION SYSTEM  
 1200 SOUTH PINE ISLAND ROAD  
 PLANTATION FL 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

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. ☐

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2002 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

TITLE	<b>DVAS</b>	<input type="checkbox"/> Delete
NAME	<b>PFEIFFER, ANNE S</b>	
STREET ADDRESS	<b>23 WALL STREET</b>	
CITY-ST-ZIP	<b>NEW YORK NY 10260-0023</b>	
TITLE	<b>DVT</b>	<input type="checkbox"/> Delete
NAME	<b>ASTARITA, MICHAEL G</b>	
STREET ADDRESS	<b>23 WALL STREET</b>	
CITY-ST-ZIP	<b>NEW YORK NY 10260-0023</b>	
TITLE	<b>DVAS</b>	<input type="checkbox"/> Delete
NAME	<b>GILIBERTO, S. M</b>	
STREET ADDRESS	<b>23 WALL STREET</b>	
CITY-ST-ZIP	<b>NEW YORK NY 10260-0023</b>	
TITLE	<b>DVAS</b>	<input type="checkbox"/> Delete
NAME	<b>OCHS, GEORGE L</b>	
STREET ADDRESS	<b>23 WALL STREET</b>	
CITY-ST-ZIP	<b>NEW YORK NY 10260-0023</b>	
TITLE	<b>DP</b>	<input type="checkbox"/> Delete
NAME	<b>GIFFORD, BENJAMIN G</b>	
STREET ADDRESS	<b>23 WALL STREET</b>	
CITY-ST-ZIP	<b>NEW YORK NY 10260-0023</b>	
TITLE	<b>SAT</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>MANEUSO, ANNE M</b>	
STREET ADDRESS	<b>23 WALL STREET</b>	
CITY-ST-ZIP	<b>NEW YORK NY 10260-0023</b>	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	<b>522 5th Ave.</b>	
CITY-ST-ZIP	<b>New York, NY 10036</b>	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	<b>522 5th Ave.</b>	
CITY-ST-ZIP	<b>New York, NY 10036</b>	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	<b>522 5th Ave.</b>	
CITY-ST-ZIP	<b>New York, NY 10036</b>	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	<b>522 5th Ave.</b>	
CITY-ST-ZIP	<b>New York, NY 10036</b>	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	<b>522 5th Ave.</b>	
CITY-ST-ZIP	<b>New York, NY 10036</b>	
TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>SAT</b>	
STREET ADDRESS	<b>Alfred W. Dort</b>	
CITY-ST-ZIP	<b>522 5th Ave</b>	
	<b>New York, NY 10036</b>	

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 which all parties are empowered.

SIGNATURE:

**SIGNATURE REQUIRED**

SIGNATURE AND TYPE OF OFFICER OR DIRECTOR

**Alfred W. Dort, Secretary**

Date

Daytime Phone #

**1/28/02**

**212-483-2323**

CR2E034 (9/01)