

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 26, 2001 8:00 am
Secretary of State

03-26-2001 90081 032 ***150.00

DOCUMENT # F95000004144

1. Entity Name

COOLIDGE-MAGIC REALTY CORP.

Principal Place of Business

**455 CENTRAL PARK AVENUE
 SCARSDALE NY 10583**

Mailing Address

**455 CENTRAL PARK AVENUE
 SCARSDALE NY 10583**

637319

2. Principal Place of Business

Same

3. Mailing Address

Same

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **13-3833839**

Applied For
 Not Applicable

Zip

Country

Zip

Country

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

**CALLAHAN, W. SCOTT
 37 NORTH ORANGE AVENUE
 STE. 200
 ORLANDO FL 32801**

Name

CT Corporation System
 Street Address (P.O. Box Number is Not Acceptable)

1200 South Pine Island Road

City

Plantation

FL

Zip Code

33324

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

Robin LaPeters

Robin LaPeters, Special Assistant Secretary 2/5/2001

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	P	<input type="checkbox"/> Delete
NAME	ROSEN, MICHAEL E	
STREET ADDRESS	550 MAMARONECK AVENUE	
CITY-ST-ZIP	HARRISON NY 10528	
TITLE	VT	<input type="checkbox"/> Delete
NAME	ROMITA, MICHAEL E	
STREET ADDRESS	550 MAMARONECK AVENUE	
CITY-ST-ZIP	HARRISON NY 10528	
TITLE	V	<input checked="" type="checkbox"/> Delete
NAME	CARDINALI, ALBERT J	
STREET ADDRESS	2 WORLD TRADE CENTER, 39TH FLOOR	
CITY-ST-ZIP	NEW YORK NY 10048	
TITLE	VS	<input type="checkbox"/> Delete
NAME	TIBURZI, ROBERT V JR	
STREET ADDRESS	455 CENTRAL PARK AVENUE	
CITY-ST-ZIP	SCARSDALE NY 10583	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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:

Robert V Tiburzi Jr

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

V.P.

3-16-01

914 472-6070

Date

Daytime Phone #

CR2E034 (10/00)