

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F95000004210

1. Entity Name

MUNDI CORPORATE INVESTIGATIONS INC.

FILED
Jul 12, 2000 8:00 am
Secretary of State

07-12-2000 90014 045 ***550.00

Principal Place of Business

ONE ROCKEFELLER PLAZA
SUITE 1600
NEW YORK NY 10020-2002

Mailing Address

ONE ROCKEFELLER PLAZA
SUITE 1600
NEW YORK NY 10020-2002

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 13-3579237

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

GELLER, HOWARD
2855 UNIVERSITY DR., STE. 310
CORAL SPRINGS FL 33065

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)

7/5/00
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 CP
NAME IMUNDI, FRANK
STREET ADDRESS 345 E 73RD ST #9C
CITY-ST-ZIP NEW YORK NY 10021

☐ Delete

TITLE DVI
NAME IMUNDI, CHRISTINE
STREET ADDRESS 10 EPIC LANE
CITY-ST-ZIP LEVITTOWN NY 11756

☐ Delete

TITLE DS
NAME CROWN (BLAHODATNY), MARY-ELLEN
STREET ADDRESS 421 EAST 84TH ST., APT. 3
CITY-ST-ZIP NEW YORK NY 10028

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE ☐ Change ☐ Addition

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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, without other like empowered.

SIGNATURE:

Frank Imundi
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/5/00
Date

Daytime Phone #

CR121 034 /5/00