

-2000 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # F95000005821**

1. Entity Name

PINE ISLAND INVESTMENT HOLDINGS, INC.**FILED****Sep 05, 2000 8:00 am**
Secretary of State

09-05-2000 90041 002 ***550.00

Principal Place of Business

~~3539 SO. EASTERN AVE.~~
~~LAS VEGAS NV 89109~~**5530 SOUTH VALLEY VIEW BLVD**
SUITE 107 DEPT A
LAS VEGAS, NV. 89118

Mailing Address

~~3539 SO. EASTERN AVE.~~
~~LAS VEGAS NV 89109~~**A0075150**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

5530 SOUTH VALLEY VIEW BLVD

Suite, Apt. #, etc.

SUITE 107 - DEPT A**LAS VEGAS, NV**Zip
89118Country
USA

3. Mailing Address

5530 SOUTH VALLEY VIEW BLVD

Suite, Apt. #, etc.

DEPT A - SUITE 107**LAS VEGAS, NV**Zip
89118Country
USA4. FEI Number **13-3860407**

Applied For

Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

CT 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.
(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 State10. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE **DVPT** ☐ Delete
NAME **MALLIN, NOAH**
STREET ADDRESS **110 EAST 59 ST., SUITE 3202**
CITY-ST-ZIP **NEW YORK NY 10022**TITLE **P** ☐ Delete
NAME **MALLIN, JOEL**
STREET ADDRESS **110 EAST 59 ST., SUITE 3202**
CITY-ST-ZIP **NEW YORK NY 10022**TITLE **VP** ☐ Delete
NAME **HENNESSEY, ROLAND**
STREET ADDRESS **110 EAST 59 ST., SUITE 3202**
CITY-ST-ZIP **NEW YORK NY 10022**TITLE **S** ☐ Delete
NAME **MASUD, DALI**
STREET ADDRESS **110 EAST 59 ST., SUITE 3202**
CITY-ST-ZIP **NEW YORK NY 10022**TITLE **AT** ☐ Delete
NAME **POSTIGLIONE, WILLIAM J**
STREET ADDRESS **1266 E. MAIN ST., SUITE 620**
CITY-ST-ZIP **STAMFORD CT 06902**TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
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CITY-ST-ZIPTITLE ☐ 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:

WILLIAM J. POSTIGLIONE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Assistant Treasurer

8/30/00

Date

Daytime Phone #

CR2E034 (5/00)