

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 18, 2001 8:00 am**  
**Secretary of State**

05-18-2001 91241 004 \*\*\*150.00

0601263

**DOCUMENT # F95000005821**

**1. Entity Name**

**PINE ISLAND INVESTMENT HOLDINGS, INC.**

**Principal Place of Business**

3539 SO. EASTERN AVE.  
 LAS VEGAS NV 89109

**Mailing Address**

3539 SO. EASTERN AVE.  
 LAS VEGAS NV 89109

**551547**



DO NOT WRITE IN THIS SPACE

**2. Principal Place of Business**

**5530 South Valley View Blvd**

Suite, Apt. #, etc.

**Suite 107, Dept A**

City & State

**Las Vegas, NV**

Zip

**89118**

Country

**USA**

**3. Mailing Address**

**5530 South Valley View Blvd**

Suite, Apt. #, etc.

**Suite 107, Dept A**

City & State

**Las Vegas, NV**

Zip

**89118**

Country

**USA**

**4. 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 \$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**

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

**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	5530 South Valley View Blvd, Suite 107, Dept A	
CITY-ST-ZIP	Las Vegas, NV 89118	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	5530 South Valley View Blvd, Suite 107, Dept A	
CITY-ST-ZIP	Las Vegas, NV 89118	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	5530 South Valley View Blvd, Suite 107, Dept A	
CITY-ST-ZIP	Las Vegas, NV 89118	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	5530 South Valley View Blvd, Suite 107, Dept A	
CITY-ST-ZIP	Las Vegas, NV 89118	
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:**

*William J Postiglione*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**5-2-01**

Date

**203-359-0722**

Daytime Phone #

CR2E034 (10/00)