

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F95000005823

1. Entity Name

RIDGE PLAZA INVESTMENT HOLDINGS, INC. ✓

FILED
Sep 05, 2000 8:00 am
Secretary of State

09-05-2000 90029 003 ***550.00

Principal Place of Business

3539 SOUTH EASTERN AVE.
 LAS VEGAS NV 89109

Mailing Address

3539 SOUTH EASTERN AVE.
 LAS VEGAS NV 89109

2. Principal Place of Business

5530 SOUTH VALLEY VIEW BLVD

Suite, Apt. #, etc.

SUITE 107 - DEPT A

3. Mailing Address

5530 SOUTH VALLEY VIEW BLVD

Suite, Apt. #, etc.

SUITE 107 - DEPT A

City & State

LAS VEGAS, NV

City & State

LAS VEGAS, NV.

Zip

89118

Country

USA

Zip

89118

Country

USA

4. FEI Number

13-3860403

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 State

10. Election Campaign Financing
 Trust Fund Contribution. ☐

\$5.00 May Be
 Added to Fees

11. OFFICERS AND DIRECTORS

TITLE DVT ☐ 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 V ☐ 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-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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 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)