

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F95000005968

1. Entity Name
GARNET PROPERTIES CORP.

Principal Place of Business
130 LIBERTY STREET
M/S 2254
NEW YORK NY 10006
US

Mailing Address
130 LIBERTY ST.
C/O OFS-MS 2310
NEW YORK NY 10006
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 13-3705506

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

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD ☐ Delete
NAME EGAN, JAMES D
STREET ADDRESS 15 PAYNE WHITNEY LANE
CITY-ST-ZIP MANHASSET NY 11030

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

TITLE VP ☐ Delete
NAME O'BRIEN, JAMES J
STREET ADDRESS 7468 MAHOGANY BEND COURT
CITY-ST-ZIP BOCA RATON FL

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

TITLE S ☐ Delete
NAME WEST, SANDRA L
STREET ADDRESS 280 HENDERSON ST. #3-N
CITY-ST-ZIP JERSEY CITY NJ 07302

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

TITLE VD ☐ Delete
NAME JOHNSON, ALEXANDER B
STREET ADDRESS 1220 PARK AVENUE
CITY-ST-ZIP NEW YORK NY

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

TITLE VP ☐ Delete
NAME THELANDER, GARRETT
STREET ADDRESS 8 BRIAR CLOSE
CITY-ST-ZIP LARCHMONT NY 10538

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

TITLE VP ☐ Delete
NAME ADAMS, VINCENT F
STREET ADDRESS 8357 DAMASCUS DRIVE
CITY-ST-ZIP PALM BEACH GARDENS FL 33418

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, with all other like empowered.

SIGNATURE:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

07/10/00

Date

212
250-2161

Daytime Phone #

CR2E034 (5/00)

FILED
Aug 15, 2000 8:00 am
Secretary of State

08-15-2000 90006 033 ***550.00



DO NOT WRITE IN THIS SPACE