

2000 UNIFORM BUSINESS REPORT (UBR)

FILED

Feb 07, 2000 8:00 am
Secretary of State

02-07-2000 90047 037 ***150.00

DOCUMENT # F95000005988

1. Entity Name

MXF REALTY CORP.

Principal Place of Business

Mailing Address

888 7TH AVE #3400
NEW YORK NY 10106-0199

888 7TH AVE #3400
NEW YORK NY 10106-3499
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

88-0261043

Applied

Not

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

NATIONAL CORPORATE RESEARCH, LTD
1406 HAYES ST #2
TALLAHASSEE FL 32301

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, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00
Added to

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DP
LOPATER, LAWRENCE
888 SEVENTH AVE, STE 3400
NEW YORK NY 10106 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DV
BORY, JUDITH
888 SEVENTH AVE., SUITE 3400
NEW YORK NY 10106-0199 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DTAS
COLLINS, KEVIN
888 SEVENTH AVE., SUITE 3400
NEW YORK NY 10106-0199 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
S
SPOTO-WERSAL, ANTONINA L
888 SEVENTH AVE., SUITE 3400
NEW YORK FL 10106-0199 ☐ Delete

TITLE
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STREET ADDRESS
CITY-ST-ZIP
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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 12, as changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Judith Bory
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/06/00
Date

212-333-2111
Daytime Phone #