

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT #

F96000002464

1. Entity Name

COLIDGE VALENCIA REALTY CORP.

Principal Place of Business

455 Central Park Ave.
Scarsdale, NY 10583

Mailing Address

455 Central Park Ave.
Scarsdale, NY 10583
Attn: Ron Talarico

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FFL Number

13-3889024

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

C0068841

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CT Coporation 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 \$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 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P
NAME Michael Romita
STREET ADDRESS 500 Mamaroneck Ave.
CITY-ST-ZIP Harrison, NY 10528

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE VD
NAME Michael Romita
STREET ADDRESS 500 Mamaroneck Avenue
CITY-ST-ZIP Harrison, NY 10528

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE VDT
NAME Michael Rosen
STREET ADDRESS 500 Mamaroneck Avenue
CITY-ST-ZIP Harrison, NY 10528

☒ Change ☐ Addition

TITLE VSD
NAME Robert V. Tiburzi, Jr.
STREET ADDRESS 455 Central Park Ave.
CITY-ST-ZIP Scarsdale, NY 10583

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE P
NAME Howard Parnes
STREET ADDRESS 455 Central Park Avenue
CITY-ST-ZIP Scarsdale, NY 10583

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Robert V. Tiburzi, Jr., VICE PRES

Date

Daytime Phone #

4-11-00 (914) 472-6070

CR2E034 (9/99)