

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F96000005903

1. Entity Name

FWI 1, INC.

FILED
Sep 18, 2000 8:00 am
Secretary of State

09-18-2000 90046 009 ***550.00

Principal Place of Business

225 LIBERTY ST.
14TH FLOOR
NEW YORK NY 10080-6114

Mailing Address

225 LIBERTY ST.
14TH FLOOR
NEW YORK NY 10080-0001

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

13-3917811

Applied For

Not Applicable

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

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2525

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	DP	<input type="checkbox"/> Delete
NAME	CARUSO, JAMES V	
STREET ADDRESS	225 LIBERTY ST. 14 FLOOR	
CITY-ST-ZIP	NEW YORK NY 10080-6114	
TITLE	D	<input type="checkbox"/> Delete
NAME	LURIE, MICHAEL	
STREET ADDRESS	225 LIBERTY ST. 14 FLOOR	
CITY-ST-ZIP	NEW YORK NY 10080-6114	
TITLE	VP	<input type="checkbox"/> Delete
NAME	HAUGH, GERARD M	
STREET ADDRESS	225 LIBERTY ST 14 FLOOR	
CITY-ST-ZIP	NEW YORK NY 10080-6114	
TITLE	VPT	<input type="checkbox"/> Delete
NAME	VALENTI, JOSEPH S	
STREET ADDRESS	225 LIBERTY ST. 14 FLOOR	
CITY-ST-ZIP	NEW YORK NY 10080-6114	
TITLE	S	<input type="checkbox"/> Delete
NAME	MARINARO, FRANK	
STREET ADDRESS	225 LIBERTY ST. 14 FLOOR	
CITY-ST-ZIP	NEW YORK NY 10080-6114	
TITLE	VP	<input type="checkbox"/> Delete
NAME	MAY, BERNARD	
STREET ADDRESS	225 LIBERTY ST 14 FLOOR	
CITY-ST-ZIP	NEW YORK NY 10080-6114	

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/6/00 (212) 236-7581

Date

Daytime Phone #

CR2E034 (9/99)