

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F97000000321

1. Entity Name

CLFC HPII INC.

FILED
May 16, 2000 8:00 am
Secretary of State

05-16-2000 90093 046 ***150.00

Principal Place of Business

Mailing Address

% RANIERI & CO., INC.
50 CHARLES LINDBERGH BLVD., STE. 500
UNIONDALE NY 11553

% RANIERI & CO., INC.
50 CHARLES LINDBERGH BLVD., STE. 500
UNIONDALE NY 11553-3650

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

11-3284576

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

THE PRENTICE-HALL CORPORATION SYSTEM, INC.
1201 HAYS STREET
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 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	DCP	<input type="checkbox"/> Delete
NAME	RANIERI, LEWIS S	
STREET ADDRESS	50 CHARLES LINDBERGH BLVD., STE. 500	
CITY-ST-ZIP	UNIONDALE NY 11553	
TITLE	DVPS	<input checked="" type="checkbox"/> Delete
NAME	SHAY, SCOTT A	
STREET ADDRESS	50 CHARLES LINDBERGH BLVD., STE. 500	
CITY-ST-ZIP	UNIONDALE NY 11553	
TITLE	VAS	<input type="checkbox"/> Delete
NAME	GOLUSH, DAVID M	
STREET ADDRESS	50 CHARLES LINDBERGH BLVD., STE. 500	
CITY-ST-ZIP	UNIONDALE NY 11553	
TITLE	VS	<input type="checkbox"/> Delete
NAME	PERRO, ROBERT A	
STREET ADDRESS	50 CHARLES LINDBERGH BLVD., STE. 500	
CITY-ST-ZIP	UNIONDALE NY 11553	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	DVP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Shay, Scott A.	
STREET ADDRESS	50 Charles Lindbergh Blvd., Ste 500	
CITY-ST-ZIP	Uniondale, NY 11553	
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
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

Date

Daytime Phone #

CR2E034 (9/99)