

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 17, 2002 8:00 am**  
**Secretary of State**

02-17-2002 90021 011 \*\*\*150.00

DOCUMENT # **F97000005070**

1. Entity Name

**WAVES II REALTY HOLDING COMPANY, INC.**

Principal Place of Business

Mailing Address

**C/O JP MORGAN INVESTMENT MGMT INC  
 522 FIFTH AVE 19TH FLOOR  
 NEW YORK NY 10022**

**C/O JP MORGAN INVESTMENT MGMT INC  
 522 FIFTH AVE 19TH FLOOR  
 NEW YORK NY 10022**



2. Principal Place of Business

3. Mailing Address

**C/O JP Morgan Chase Bank C/O JP Morgan Chase Bank**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**522 5th Ave.**

**522 5th Ave.**

City & State

City & State

**New York, NY**

**New York, NY**

Zip

Country

Zip

Country

**10036**

**USA**

**10036**

**USA**

4. FEI Number

**13-3965726**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**CAT 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 \$150.00**  
**After May 1, 2002 Fee will be \$350.00**  
**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	<b>PD</b>	<input type="checkbox"/> Delete
NAME	<b>GIFFORD, BENJAMIN G</b>	
STREET ADDRESS	<b>23 WALL ST.</b>	
CITY-ST-ZIP	<b>NEW YORK NY 10260-0023</b>	
TITLE	<b>SAT</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>MANCUSO, ANNE M</b>	
STREET ADDRESS	<b>23 WALL STREET</b>	
CITY-ST-ZIP	<b>NEW YORK NY 10260</b>	
TITLE	<b>VAS</b>	<input type="checkbox"/> Delete
NAME	<b>DOAT, ALFRED</b>	
STREET ADDRESS	<b>23 WALL ST.</b>	
CITY-ST-ZIP	<b>NEW YORK NY 10260-0023</b>	
TITLE	<b>VAS</b>	<input type="checkbox"/> Delete
NAME	<b>CHEN, DAVID</b>	
STREET ADDRESS	<b>23 WALL ST.</b>	
CITY-ST-ZIP	<b>NEW YORK NY 10260-0023</b>	
TITLE	<b>VAS</b>	<input type="checkbox"/> Delete
NAME	<b>BISSET, M D</b>	
STREET ADDRESS	<b>23 WALL ST.</b>	
CITY-ST-ZIP	<b>NEW YORK NY 10260-0023</b>	
TITLE	<b>VAS</b>	<input type="checkbox"/> Delete
NAME	<b>BONAPACE, MARK J</b>	
STREET ADDRESS	<b>23 WALL ST.</b>	
CITY-ST-ZIP	<b>NEW YORK NY 10260-0023</b>	

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	<b>522 5th Ave.</b>	
CITY-ST-ZIP	<b>New York, NY 10036</b>	
TITLE	<b>VAS</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>George L. Ochs</b>	
STREET ADDRESS	<b>522 5th Ave.</b>	
CITY-ST-ZIP	<b>New York, NY 10036</b>	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>Alfred W. Doat</b>	
STREET ADDRESS	<b>522 5th Ave.</b>	
CITY-ST-ZIP	<b>New York, NY 10036</b>	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	<b>522 5th Ave.</b>	
CITY-ST-ZIP	<b>New York, NY 10036</b>	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	<b>522 5th Ave.</b>	
CITY-ST-ZIP	<b>New York, NY 10036</b>	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	<b>522 5th Ave.</b>	
CITY-ST-ZIP	<b>New York, NY 10036</b>	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 607.07(3)(b), 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 authority like empowered.

SIGNATURE:

**Alfred W. Doat, Secretary**

Date

Daytime Phone #

**212-483-2323**

CR2E034 (9/01)