

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 02, 2000 8:00 am
Secretary of State

05-02-2000 90110 033 ***150.00

DOCUMENT # F97000006920

1. Entity Name

PHILIPS PALM SPRINGS SUB-VIII, INC.

Principal Place of Business

Mailing Address

**PHILIPS INTERNATIONAL
 417 FIFTH AVENUE
 NEW YORK NY 10016**

**PHILIPS INTERNATIONAL
 417 FIFTH AVENUE
 NEW YORK NY 10016-2204**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

13-3981614

Applied For

Not Applicable

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

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

**UNITED CORPORATE SERVICES, INC.
 9200 SOUTH DADELAND BLVD.
 SUITE 508
 MIAMI FL 33156**

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	<input type="checkbox"/> Delete
NAME	PETRA, LOUIS J	
STREET ADDRESS	417 FIFTH AVENUE	
CITY-ST-ZIP	NEW YORK NY 10016	
TITLE	VS	<input type="checkbox"/> Delete
NAME	LEVINE, SHEILA	
STREET ADDRESS	417 FIFTH AVENUE	
CITY-ST-ZIP	NEW YORK NY 10016	
TITLE	T	<input type="checkbox"/> Delete
NAME	GALLAGHER, BRIAN J	
STREET ADDRESS	417 FIFTH AVENUE	
CITY-ST-ZIP	NEW YORK NY 10016	
TITLE	C	<input type="checkbox"/> Delete
NAME	PILEVSKY, PHILIP	
STREET ADDRESS	417 FIFTH AVENUE	
CITY-ST-ZIP	NEW YORK NY 10016	
TITLE	D	<input type="checkbox"/> Delete
NAME	ABERHAM, ANDREW	
STREET ADDRESS	417 FIFTH AVENUE	
CITY-ST-ZIP	NEW YORK NY 10016	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: X

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Pres. Smt

4/24/00

Date

Daytime Phone #

CR2E034 (9/99)