

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 17, 2000 8:00 am
Secretary of State

02-17-2000 90004 014 ***150.00

DOCUMENT # F98000002185

1. Entity Name

ACQUIPORT PORTOFINO, INC.

Principal Place of Business

Mailing Address

SENTINEL REALTY ADVISORS CORPORATION
FIFTH AVE., 26TH FL.
NEW YORK NY 10103-2698

% SENTINEL REALTY ADVISORS CORPORATION
666 FIFTH AVE., 26TH FL.
NEW YORK NY 10103-2699

00022037

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 **52-2093141**

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

C T 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, 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	PD	<input type="checkbox"/> Delete
NAME	STREICKER, JOHN H	
STREET ADDRESS	666 FIFTH AVE., 26TH FL.	
CITY-ST-ZIP	NEW YORK NY 10103-2698	
TITLE	V	<input type="checkbox"/> Delete
NAME	BELLI, NOEL	
STREET ADDRESS	666 FIFTH AVE., 26TH FL.	
CITY-ST-ZIP	NEW YORK NY 10103-2698	
TITLE	V	<input type="checkbox"/> Delete
NAME	BRESLIN, ANITA	
STREET ADDRESS	666 FIFTH AVE., 26TH FL.	
CITY-ST-ZIP	NEW YORK NY 10103-2698	
TITLE	T	<input type="checkbox"/> Delete
NAME	LONGO, ELIZABETH	
STREET ADDRESS	666 FIFTH AVE., 26TH FL.	
CITY-ST-ZIP	NEW YORK NY 10103-2698	
TITLE	S	<input type="checkbox"/> Delete
NAME	BROWN, PATRICK E	
STREET ADDRESS	111 WASHINGTON AVE.	
CITY-ST-ZIP	ALBANY NY 12210	
TITLE	AS	<input type="checkbox"/> Delete
NAME	HARRIS, JOHN S	
STREET ADDRESS	111 WASHINGTON AVE.	
CITY-ST-ZIP	ALBANY NY 12210	

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	
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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/10/00 (212) 408-2900

Noel Belli, Vice President