

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F98000002185

1. Entity Name

ACQUIPORT PORTOFINO, INC.

FILED
Mar 02, 2001 8:00 am
Secretary of State

03-02-2001 90052 031 ***150.00

| | |
|---|---|
| Principal Place of Business % SENTINEL REALTY ADVISORS CORPORATION 666 FIFTH AVE., 26TH FL. NEW YORK NY 10103-2698 | Mailing Address % SENTINEL REALTY ADVISORS CORPORATION 666 FIFTH AVE., 26TH FL. NEW YORK NY 10103-2698 |
|---|---|

121839



DO NOT WRITE IN THIS SPACE

| | |
|---|---|
| 2. Principal Place of Business 1251 Avenue of the Americas | 3. Mailing Address 1251 Avenue of the Americas |
| Suite, Apt. #, etc. 36th Floor | Suite, Apt. #, etc. 36th Floor |

| | |
|------------------------------|------------------------------|
| City & State New York, NY | City & State New York, NY |
|------------------------------|------------------------------|

4. FEI Number 52-2093141

Applied For
Not Applicable

| | | | |
|--------------|----------------|--------------|----------------|
| Zip 10020 | Country USA | Zip 10020 | Country USA |
|--------------|----------------|--------------|----------------|

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, 2001 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 NAME STREET ADDRESS CITY-ST-ZIP | PD STREICKER, JOHN H 666 FIFTH AVE., 26TH FL. NEW YORK NY 10103-2698 | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | V BELL, NOEL 666 FIFTH AVE., 26TH FL. NEW YORK NY 10103-2698 | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | V BRESLIN, ANITA 666 FIFTH AVE., 26TH FL. NEW YORK NY 10103-2698 | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | T LONGO, ELIZABETH 666 FIFTH AVE., 26TH FL. NEW YORK NY 10103-2698 | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | S BROWN, PATRICK E 111 WASHINGTON AVE. ALBANY NY 12210 | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | AS HARRIS, JOHN S 111 WASHINGTON AVE. ALBANY NY 12210 | <input type="checkbox"/> Delete |

| | |
|--|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1251 Avenue of the Americas New York, NY 10020 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1251 Avenue of the Americas New York, NY 10020 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1251 Avenue of the Americas New York, NY 10020 |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

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

Noel Belli, Vice President

1/29/01

Date

212-408-5000

Daytime Phone #

CR2E034 (10/00)

0442540

ACQUIPORT PORTOFINO, INC.
#F98000002185

Directors (continued):

D
Cassidy, Millie C.
1251 Avenue of the Americas
New York, NY 10020

D
Weiner, David
1251 Avenue of the Americas
New York, NY 10020