

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F98000003965

1. Entity Name

KAYE INSURANCE ASSOCIATES, INC.

FILED
Apr 24, 2000 8:00 am
Secretary of State

04-24-2000 90112 006 ***150.00

Principal Place of Business

Mailing Address

122 EAST 42ND STREET
NEW YORK NY 10168

122 EAST 42ND STREET
NEW YORK NY 10168-0002

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 13-3621603

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

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

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 C ☐ Delete
NAME KAYE, HOWARD
STREET ADDRESS 2 MOHICAN TRAIL
CITY-ST-ZIP SCARSDALE NY 10583

TITLE EVP ☐ Change ☒ Addition
NAME TESTA, DAMIAN
STREET ADDRESS 405 MAITLAND AVE.
CITY-ST-ZIP TEANECK, NJ 07666

TITLE PCEO ☐ Delete
NAME GUTHART, BRUCE D
STREET ADDRESS 2794 LINDENMERE DRIVE
CITY-ST-ZIP MERRICK NY 11566

TITLE SVP ☐ Change ☒ Addition
NAME IGEL, TAMARA R.
STREET ADDRESS 60 RIVERSIDE DRIVE
CITY-ST-ZIP NEW YORK, NY 10024

TITLE VPD ☐ Delete
NAME SABANOS, MICHAEL P
STREET ADDRESS 62 SHERWOOD DRIVE
CITY-ST-ZIP HUNTINGTON NY 11743

TITLE FVP ☐ Change ☒ Addition
NAME WARNER, GUY
STREET ADDRESS 110 JORDAN ROAD
CITY-ST-ZIP ROCKAWAY TOWNSHIP, NJ 07866

TITLE SVP ☐ Delete
NAME RUBIN, JEFFREY L
STREET ADDRESS 244 UNION AVE.
CITY-ST-ZIP HARRISON NY 11743

TITLE VP ☐ Change ☒ Addition
NAME FU, YUEN
STREET ADDRESS 73-64 195th STREET
CITY-ST-ZIP FRESH MEADOWS, NY 11366

TITLE SVP ☐ Delete
NAME WOLK, JANE
STREET ADDRESS 1710 HARMON COVE TOWERS W.
CITY-ST-ZIP SECAUCUS NJ 07094

TITLE VP ☐ Change ☒ Addition
NAME SCAVETTA, PETER L.
STREET ADDRESS 4033 DARBY LANE
CITY-ST-ZIP SEAFORD, NY 11783

TITLE SVP ☐ Delete
NAME BASS, RICHARD
STREET ADDRESS 211 WEST NORWALK ROAD
CITY-ST-ZIP NORWALK CT 06850

TITLE S ☐ Change ☒ Addition
NAME FISCHER, IVY S.
STREET ADDRESS 30 FAIRFIELD STREET
CITY-ST-ZIP MONTCLAIR, NJ 07042

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 another like empowered.

SIGNATURE:

SIGNATURE REQUIRED

4-17-00

(212) 338-2616

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

IVY S. FISCHER, Secretary

CR2E034 (9/99)