

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F98000005408

1. Entity Name

TSI CLEANING INC.

**FILED**  
**Mar 27, 2000 8:00 am**  
**Secretary of State**

03-27-2000 90069 034 \*\*\*158.75

629767



DO NOT WRITE IN THIS SPACE

Principal Place of Business  
% TISHMAN SPEYER PROPERTIES. L.P.  
520 MADISON AVENUE  
NEW YORK NY 10022

Mailing Address  
% TISHMAN SPEYER PROPERTIES. L.P.  
520 MADISON AVENUE  
NEW YORK NY 10022-4213

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 13-3716801  
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

NATIONAL REGISTERED AGENTS, INC  
526 EAST PARK AVENUE  
TALLAHASSEE FL 32301

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

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	MAHONEY, CHARLES J	
STREET ADDRESS	520 MADISON AVENUE	
CITY-ST-ZIP	NEW YORK NY 10022	
TITLE	V	<input type="checkbox"/> Delete
NAME	NATHAN, ANDREW J	
STREET ADDRESS	520 MADISON AVENUE	
CITY-ST-ZIP	NEW YORK NY 10022	
TITLE	S	<input type="checkbox"/> Delete
NAME	SABER, BRUCE D	
STREET ADDRESS	520 MADISON AVENUE	
CITY-ST-ZIP	NEW YORK NY 10022	
TITLE	TD	<input type="checkbox"/> Delete
NAME	AUGARTEN, DAVID N	
STREET ADDRESS	520 MADISON AVENUE	
CITY-ST-ZIP	NEW YORK NY 10022	
TITLE	C	<input type="checkbox"/> Delete
NAME	SPEYER, JERRY I	
STREET ADDRESS	520 MADISON AVENUE	
CITY-ST-ZIP	NEW YORK NY 10022	
TITLE	D	<input type="checkbox"/> Delete
NAME	TISHMAN, ROBERT	
STREET ADDRESS	520 MADISON AVENUE	
CITY-ST-ZIP	NEW YORK NY 10022	

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
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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 REQUIRED  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Andrew J. Nathan  
Vice President

Date 3/20/00 Daytime Phone # (212) 593-9480

CR2E034 (9/99)