

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 15, 2000 8:00 am**  
**Secretary of State**

03-15-2000 90072 039 \*\*\*150.00

**DOCUMENT # F99000000397**

1. Entity Name

LCP CAPITAL CORP.

Principal Place of Business

100 WALL STREET  
NEW YORK NY 10005

Mailing Address

100 WALL STREET  
NEW YORK NY 10005-3701

2. Principal Place of Business

900 South Avenue

3. Mailing Address

900 South Ave.

Suite, Apt. #, etc.

Suite 204

Suite, Apt. #, etc.

Suite 204

City & State

Staten Island N.Y.

City & State

Staten Island N.Y.

Zip

10314

Country

USA

Zip

10314

Country

USA

4. FEI Number

13-3621123

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

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE FL 32301-2525

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	D	<input checked="" type="checkbox"/> Delete	TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MARTORANO, SALVATORE		NAME	Aliotta, Anthony	
STREET ADDRESS	100 WALL STREET		STREET ADDRESS	900 South Ave.	
CITY-ST-ZIP	NEW YORK NY 10005		CITY-ST-ZIP	Staten Island, N.Y. 10314	
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	UNGARO, PETER		NAME	Brady, Kevin	
STREET ADDRESS	100 WALL STREET		STREET ADDRESS	900 South Ave.	
CITY-ST-ZIP	NEW YORK NY 10005		CITY-ST-ZIP	Staten Island, N.Y. 10314	
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MANDIA, BRANDT		NAME	Ricca, Gregory	
STREET ADDRESS	100 WALL STREET		STREET ADDRESS	900 South Ave.	
CITY-ST-ZIP	NEW YORK NY 10005		CITY-ST-ZIP	Staten Island, N.Y. 10314	
TITLE	P	<input type="checkbox"/> Delete	TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STOFFERS, CHARLES		NAME	Stoffers, Charles	
STREET ADDRESS	100 WALL STREET		STREET ADDRESS	900 South Ave.	
CITY-ST-ZIP	NEW YORK NY 10005		CITY-ST-ZIP	Staten Island, N.Y. 10314	
TITLE	CFOS	<input type="checkbox"/> Delete	TITLE	CFO	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NEWMAN, IRA B		NAME	Newman, Ira B	
STREET ADDRESS	100 WALL STREET		STREET ADDRESS	900 South Ave.	
CITY-ST-ZIP	NEW YORK NY 10005		CITY-ST-ZIP	Staten Island, N.Y. 10314	
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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 #

CR2E034 (9/99)