

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F99000000868

1. Entity Name

DIME CRE, INC.

**FILED**  
**Mar 22, 2000 8:00 am**  
**Secretary of State**

03-22-2000 90005 049 \*\*\*150.00

Principal Place of Business

Mailing Address

EAB PLAZA, EAST TOWER  
13TH FL  
UNIONDALE NY 11556

EAB PLAZA, EAST TOWER  
13TH FL  
UNIONDALE NY 11556-0001

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **11-3379658**

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

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	NAME	STREET ADDRESS	CITY-ST-ZIP	DELETE	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	CHANGE	ADDITION
	<b>P</b>			<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
	MASCIS, MURRAY F	EAB PLAZA-E TOWER	UNIONDALE NY							
	<b>V</b>			<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
	KRUMBIEGEL, ARNO E	EAB PLAZA-E TOWER	UNIONDALE NY							
	<b>T</b>			<input checked="" type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
	TROTTER, ALBERT L	EAB PLAZA-E TOWER	UNIONDALE NY							
	<b>D</b>			<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
	BALTRUS, MATTHEW	EAB PLAZA-E TOWER	UNIONDALE NY							
	<b>D</b>			<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
	FREEL, JAMES T	EAB PLAZA-E TOWER	UNIONDALE NY							
	<b>V</b>			<input type="checkbox"/>					<input checked="" type="checkbox"/>	<input type="checkbox"/>
	CASSIN, RICHARD T	1120 AVENUE OF THE AMERICAS	NEW YORK NY							

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

3/15/00 (516) 745-2918

Date

Daytime Phone #

CR05024 (3/00)