

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 01, 2001 8:00 am
Secretary of State

02-01-2001 90133 009 ***150.00

DOCUMENT # F99000005867

1. Entity Name

ROUGE 3 HOSPITALITY LEASING, INC.

Principal Place of Business

Mailing Address

**300 DELAWARE AVENUE, SUITE 571
WILMINGTON DE 19801**

**300 DELAWARE AVENUE, SUITE 571
WILMINGTON DE 19801**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **51-0393654**

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, 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 LEHODEY, JOHN 245 PARK AVE NEW YORK NY 10167	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VAS CROZIER, BARRY A 300 DELAWARE AVENUE, SUITE 571 WILMINGTON DE 19801	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VAS PROTOKOWICZ, DANIEL 300 DELAWARE AVENUE, SUITE 571 WILMINGTON DE 19801	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V CONNER, EILEEN T 300 DELAWARE AVENUE, SUITE 571 WILMINGTON DE 19801	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD COHEN, BENJAMIN 33 AVE DU MAINE PARIS, CEDEX FRANCE 15 75755	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD BERRY, DAN 245 PARK AVE NEW YORK NY 10167	<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD JEAN. FRANCOIS MALJEAN 245 PARK AVENUE NEW YORK, NY 10167	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
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
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
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

Date

Daytime Phone #

1/22/01 (302) 427-5983

CR2E034 (10/00)

Jan-01

ROUGE 3 HOSPITALITY LEASING, INC.
300 DELAWARE AVE., SUITE 571
WILMINGTON, DE 19801

Attachment
911305
#99 000000587

OFFICERS

JEAN-FRANCOIS MALJEAN
245 PARK AVENUE
NEW YORK, NY 10167

PRESIDENT

DAN BERRY
245 PARK AVENUE
NEW YORK, NY 10167

SECRETARY & TREASURER

BARRY A. CROZIER
300 DELAWARE AVE., SUITE 571
WILMINGTON, DE 19801

VICE PRESIDENT & ASST. SECRETARY

EILEEN T. CONNER
300 DELAWARE AVE., SUITE 571
WILMINGTON, DE 19801

VICE PRESIDENT

BENJAMIN COHEN
TOUR MAINE MONTPARNASSE 33
AVENUE DU MAINE
75755 PARIS, CEDEX 15 FRANCE

VICE PRESIDENT

DANIEL PROTOKOWICZ
300 DELAWARE AVE., SUITE 571
WILMINGTON, DE 19801

VICE PRESIDENT & ASST. SECRETARY

DIRECTORS

JEAN-FRANCOIS MALJEAN
245 PARK AVENUE
NEW YORK, NY 10167

DAN BERRY
245 PARK AVENUE
NEW YORK, NY 10167

BENJAMIN COHEN
TOUR MAINE MONTPARNASSE 33
AVENUE DU MAINE
75755 PARIS, CEDEX 15 FRANCE

TERRY DORRIS
306 WEST 7TH STREET
SUITE 1000
FORT WORTH, TX 76102
307-66-8553