

# 2002 UNIFORM BUSINESS REPORT (UBR)

\$150.00

0209171 AV

DOCUMENT # K13167

1. Entity Name  
MONTENAY INVESTMENTS, INC.

FILED

02 APR 18 AM 9:06

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business  
3225 AVIATION AVE 4TH FL  
MIAMI FL 33133

Mailing Address  
3225 AVIATION AVE 4TH FL  
MIAMI FL 33133



2. Principal Place of Business  
ONE PENNSYLVANIA PLAZA

3. Mailing Address  
ONE PENNSYLVANIA PLAZA

Suite, Apt. #, etc.

Suite, Apt. #, etc.

SUITE 4400

SUITE 4400

City & State  
NEW YORK NY

City & State  
NEW YORK NY

Zip Country  
10119

Zip Country  
10119

4. FEI Number 65-0110005

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

## 6. Name and Address of Current Registered Agent

NATIONAL CORPORATE RESEARCH, LTD.  
1406 HAYS STREET, SUITE #2  
TALLAHASSEE FL 32301

## 7. Name and Address of New Registered Agent

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)

300005431403--1  
-05/02/02-01063--011

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, 2002 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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP PASSAGE, STEPHEN S 3225 AVIATION AVE 4TH FLOOR MIAMI FL 33133	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP MORTON, THOMAS A R 3225 AVIATION AVE 4TH FLOOR MIAMI FL 33133	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPTD MURPHY, THOMAS 3225 AVIATION AVE 4TH FLOOR MIAMI FL 33133	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP NEU, CHRIS 3225 AVIATION AVE 4TH FLOOR MIAMI FL 33133	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPS SKOPP, FREDRIC M 3225 AVIATION AVE 4TH FLOOR MIAMI FL 33133	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP CHAE, YOON 3225 AVIATION AVE 4TH FLOOR MIAMI FL 33133	<input type="checkbox"/> Delete

## 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PASSAGE, STEPHEN S ONE PENNSYLVANIA PLAZA, STE 4400 NEW YORK, NY 10119	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MORTON, THOMAS A R 6990 NW 97 AVENUE MIAMI, FL 33178	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MURPHY, THOMAS ONE PENNSYLVANIA PLAZA, STE 4400 NEW YORK, NY 10119	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	NEU, CHRIS ONE PENNSYLVANIA PLAZA, STE 4400 NEW YORK, NY 10119	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SKOPP, FREDRIC M 6990 NW 97 AVENUE MIAMI, FLORIDA 33178	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CHAE, YOON ONE PENNSYLVANIA PLAZA, STE 4400 NEW YORK, NY 10119	<input checked="" 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: CRISTINA CONDE  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

02-15-02

(305) 418-3185

CR2E034 (9/01)

**MONTENAY INVESTMENTS, INC.**  
Document #K13167

**Block 11.**

Assistant Secretary  
Cristina Conde  
3785 N.W. 82nd Avenue  
Suite 417  
Miami, FL 33166