

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L63571

1. Entity Name

BISCAYNE CENTRE, INC.

FILED
Mar 07, 2000 8:00 am
Secretary of State

03-07-2000 90044 028 ***150.00

Principal Place of Business

11900 BISCAYNE BLVD
SUITE 100
MIAMI FL 33181

Mailing Address

11900 BISCAYNE BLVD
SUITE 100
MIAMI FL 33181-2758

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3004972

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

WOLFE, LEON J.
3500 INTERNATIONAL PLACE
100 SE 2ND STREET
MIAMI FL 33131-2130

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
PC
CYTRYNBAUM, MARIO
5490 ROYALMOUNT AVENUE
MONTREAL, QUEBEC H4P 1H7 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
P, T
PUTZER, JEAN
950 Third Ave, New York, NY 10021 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
STD
CYTRYNBAUM, BRIAN
5490 ROYALMOUNT AVENUE
MONTREAL, QUEBEC H4P 1H7 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VP, AS
WAGMAN, RICHARD
950 Third Ave, New York, NY ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
AS
COLTON, ABRAHAM
155 WEST 72 STREET, #602
NEW YORK NY ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
S
COLTON, ABRAHAM
155 West 72 Street, # 602, NY, NY ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VP
PUTZER, JOHN
188 E 64TH ST
NEW YORK NY ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ 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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/2/2000

Date

305 8936117

Daytime Phone #

CR2E034 (9/99)