

2000 UNIFORM BUSINESS REPORT (UBR)

0013334 AF

DOCUMENT # L97000000101

1. Entity Name
F + V HOLDING L.C.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 FEB 28 PM 12:47



DO NOT WRITE IN THIS SPACE

Principal Place of Business
C/O MONDRIAN STUDIO LLC
712 FIFTH AVENUE, 30TH FLOOR
NEW YORK NY 10019

Mailing Address
C/O MONDRIAN STUDIO LLC
712 FIFTH AVENUE, 30TH FLOOR
NEW YORK NY 10105-0302

2. Principal Place of Business
1345 AVENUE OF THE AMERICAS
Suite, Apt. #, etc.
19th FLOOR
City & State
NEW YORK

3. Mailing Address
1345 AVENUE OF THE AMERICAS
Suite, Apt. #, etc.
19th FLOOR
City & State
NEW YORK

4. FEI Number 98-0172878
Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent
CORPORATE CREATIONS ENTERPRISES, INC.
4521 PGA BOULEVARD
SUITE 211
PALM BEACH GARDENS FL 33418

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]*
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State

9. MANAGING MEMBERS / MEMBERS		10. ADDITIONS / CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM VERHOEVEN, ANDREAS 1345 AVENUE OF THE AMERICAS 19TH FLOOR NEW YORK NY 10105 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	100002165491-5 -03/10/00--01087--020 *****50.00 *****50.00 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM VERHOEVEN, ANGELIKA 1345 AVENUE OF THE AMERICAS 19TH FLOOR NEW YORK NY 10105 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<i>mf 3/8/00</i> <input type="checkbox"/> Change <input type="checkbox"/> Addition
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11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: *[Signature]* VERHOEVEN, ANDREAS 01/20/2000 (212) 4249160
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER Date Daytime Phone #

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