

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # M04123

1. Entity Name

RELATED RONEY PLAZA, INC.

FILED
Mar 13, 2000 8:00 am
Secretary of State

03-13-2000 90010 005 ***150.00

Principal Place of Business

2828 CORAL WAY
PENTHOUSE SUITE
MIAMI FL 33145

Mailing Address

2828 CORAL WAY
PENTHOUSE SUITE
MIAMI FL 33145-3214

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

13-3247699

Applied For

Not Applicable

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

PEREZ, JORGE M.
2828 CORAL WAY
PENTHOUSE PH-1
MIAMI FL 33145

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 DT ☒ Delete
NAME MCGUIRE, SUSAN
STREET ADDRESS 625 MADISON AVE.
CITY-ST-ZIP NEW YORK NY

TITLE ☐ Change ☐ Addition
NAME D Stephen M. Ross
STREET ADDRESS 625 Madison Ave
CITY-ST-ZIP NY NY

TITLE P ☐ Delete
NAME PEREZ, JORGE
STREET ADDRESS 2828 CORAL WAY, PH-1
CITY-ST-ZIP MIAMI FL 33145

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

TITLE V ☒ Delete
NAME FRIED, J. MICHAEL
STREET ADDRESS 625 MADISON AVE.
CITY-ST-ZIP NEW YORK NY

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

TITLE V ☐ Delete
NAME BOESKY, STUART
STREET ADDRESS 625 MADISON AVE.
CITY-ST-ZIP NEW YORK NY 10022

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

TITLE V ☐ Delete
NAME HIRMES, ALAN
STREET ADDRESS 625 MADISON AVE.
CITY-ST-ZIP NEW YORK NY

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

TITLE S ☒ Delete
NAME MCGUIRE, SUSAN
STREET ADDRESS 625 MADISON AVE.
CITY-ST-ZIP NEW YORK NY

TITLE ☒ Change ☐ Addition
NAME S TERESA Wicelinski
STREET ADDRESS 625 Madison Ave
CITY-ST-ZIP NY NY 10022

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(3)(f), 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

3/2/00

Date

212-421-5332

Daytime Phone #

CR2E034 (9/99)