

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

DOCUMENT # P18592

(6)

95 JAN 31 AM 9:11

1. Corporation Name

NORTHEAST HOTEL CORP.

Principal Place of Business

ONE EXECUTIVE BLVD
YONKERS NY 10701

Mailing Address

ONE EXECUTIVE BLVD
YONKERS NY 10701

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

03/28/1988

3a. Date of Last Report

06/28/1994

4. FEI Number

13-3333940

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business

21

2a. Mailing Address

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PD
NAME	ROSE, ALLAN V.
STREET ADDRESS	870 UN PLAZA
CITY-ST-ZIP	NEW YORK NY
TITLE	V
NAME	HASKEL, ALLEN B.
STREET ADDRESS	245 E. 11TH ST.
CITY-ST-ZIP	NEW YORK NY
TITLE	ST
NAME	IDE, FREDERICK E.
STREET ADDRESS	621 KIMBALL AVE.
CITY-ST-ZIP	YONKERS NY
TITLE	STV
NAME	SAHN, ERIC H.
STREET ADDRESS	300 W. 23RD STREET
CITY-ST-ZIP	NEW YORK NY
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

1.1 TITLE	☐ Change ☐ Addition
12 NAME	
13 STREET ADDRESS	
14 CITY-ST-ZIP	
2.1 TITLE	☒ Change ☐ Addition
22 NAME	No longer an officer. deceased
23 STREET ADDRESS	
24 CITY-ST-ZIP	
3.1 TITLE	☒ Change ☐ Addition
32 NAME	1 Executive Blvd
33 STREET ADDRESS	
34 CITY-ST-ZIP	
4.1 TITLE	☒ Change ☐ Addition
42 NAME	1 Executive Blvd.
43 STREET ADDRESS	
44 CITY-ST-ZIP	
5.1 TITLE	☐ Change ☐ Addition
52 NAME	
53 STREET ADDRESS	
54 CITY-ST-ZIP	
6.1 TITLE	☐ Change ☐ Addition
62 NAME	
63 STREET ADDRESS	
64 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(b), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13, as changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Day(s) Year