

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

APPROVED
AND
FILED

96 AUG 28 AM 11:57

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P27203

(9)

1. Corporation Name

UNIAMP HOTEL CORP.

Principal Place of Business

ONE EXECUTIVE BLVD.
YONKERS NY 10701

Mailing Address

ONE EXECUTIVE BLVD.
YONKERS NY 10701

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

2a. Mailing Address

26

Suite, Apt. # etc.

27

City & State

28

Zip

Country

3. Date Incorporated or Qualified

12/07/1989

3a. Date of Last Report

01/31/1995

4. FEI Number

13-3542121

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

☐

Yes

☐

No

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

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 street address

Signature typed or printed name of registered agent and street address

12. OFFICERS AND DIRECTORS

TITLE PD
NAME ROSE, ALLAN V.
STREET ADDRESS 870 UN PLAZA
CITY- ST- ZIP NEW YORK NY

☐ DELETE

TITLE ST
NAME IDE, FREDERICK E.
STREET ADDRESS 1 EXECUTIVE BLVD.
CITY- ST- ZIP NEW YORK NY

☐ DELETE

TITLE ST
NAME SAHN, ERIC H.
STREET ADDRESS 1 EXECUTIVE BLVD.
CITY- ST- ZIP NEW YORK NY

☒ DELETE

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☐ Addition

11. TITLE

12. NAME

13. STREET ADDRESS

14. CITY- ST- ZIP

21. TITLE

22. NAME

23. STREET ADDRESS

24. CITY- ST- ZIP

31. TITLE

32. NAME

33. STREET ADDRESS

34. CITY- ST- ZIP

41. TITLE

42. NAME

43. STREET ADDRESS

44. CITY- ST- ZIP

51. TITLE

52. NAME

53. STREET ADDRESS

54. CITY- ST- ZIP

61. TITLE

62. NAME

63. STREET ADDRESS

64. CITY- ST- ZIP

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

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 119.07(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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Allen V. Rose

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (3/96)