

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**

**Feb 07, 2000 8:00 am**

**Secretary of State**

02-07-2000 90052 009 \*\*\*150.00

**DOCUMENT # P28368**

1. Entity Name

**FLAMINGO PLAZA REALTY, INC.**

Principal Place of Business

Mailing Address

100 CHURCH ST  
9TH FL  
NEW YORK NY 10286  
US

100 CHURCH ST  
9TH FL  
NEW YORK NY 10286-0001  
US

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

**13-3563016**

Applied For

Not Applied

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

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

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 Added to Fees**

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P** ☐ Delete  
NAME **DIETZ, HAROLD**  
STREET ADDRESS **1 WALL ST**  
CITY-ST-ZIP **NEW YORK NY**

TITLE **V** ☒ Delete  
NAME **LEARY, JOSEPH F.**  
STREET ADDRESS **48 WALL ST, 16TH FLR**  
CITY-ST-ZIP **NEW YORK NY**

TITLE **D** ☐ Delete  
NAME **KRAUS, DAVID P.**  
STREET ADDRESS **ONE WALL STREET**  
CITY-ST-ZIP **NEW YORK NY**

TITLE **V** ☐ Delete  
NAME **HEINIMANN, THOMAS**  
STREET ADDRESS **48 WALL ST**  
CITY-ST-ZIP **NEW YORK NY**

TITLE **D** ☐ Delete  
NAME **JOHNSON, KENNETH**  
STREET ADDRESS **ONE WALL STREET**  
CITY-ST-ZIP **NEW YORK NY**

TITLE **S** ☐ Delete  
NAME **MCSWIGGAN, JACQUELINE, R**  
STREET ADDRESS **48 WALL STREET**  
CITY-ST-ZIP **NEW YORK NY**

TITLE **Mark R. Slane, President** ☒ Change ☐  
NAME  
STREET ADDRESS **1 Wall Street**  
CITY-ST-ZIP **New York, NY 10286**

TITLE **Vice President** ☒ Change ☐  
NAME **Anthony Zangre**  
STREET ADDRESS **100 Church Street**  
CITY-ST-ZIP **New York, NY 10286**

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

TITLE ☒ Change ☐  
NAME  
STREET ADDRESS **100 Church Street**  
CITY-ST-ZIP **New York, NY 10286**

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

TITLE ☒ Change ☐  
NAME  
STREET ADDRESS **One Wall Street**  
CITY-ST-ZIP **New York, NY 10286**

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, 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

Date

Daytime Phone #

**1/25/00 (212) 437-2287**