

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **P28368**

02-28-2001 90108 050 ***150.00

1. Entity Name

FLAMINGO PLAZA REALTY, .INC.

FILED

01 FEB 28 AM 10:44

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

Principal Place of Business

Mailing Address

**100 CHURCH ST.
9TH FL.
NEW YORK, NY 10286**

**100 CHURCH ST.
9TH FL.
NEW YORK, NY 10286**

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 Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**LT 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 re-registering)

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, 2001 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 ☐ Delete
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☒ Change ☐ Addition
NAME **P JULIE FOLLOSCO**
STREET ADDRESS **ONE WALL STREET**
CITY-STATE-ZIP **NEW YORK, NY 10286**

TITLE ☒ Change ☐ Addition
NAME **S PATRICIA A. BILKET**
STREET ADDRESS **ONE WALL STREET**
CITY-STATE-ZIP **NEW YORK, NY 10286**

TITLE ☒ Change ☐ Addition
NAME **V/T Robert L. DePaola**
STREET ADDRESS **100 CHURCH STREET**
CITY-STATE-ZIP **NEW YORK, NY 10286**

TITLE ☒ Change ☐ Addition
NAME **V John DeRosa**
STREET ADDRESS **100 CHURCH STREET**
CITY-STATE-ZIP **NEW YORK, NY 10286**

TITLE ☒ Change ☐ Addition
NAME **V Anthony Zangre**
STREET ADDRESS **100 Church Street**
CITY-STATE-ZIP **New York, NY 10286**

TITLE ☒ Change ☐ Addition
NAME **V Edgar Ortiz**
STREET ADDRESS **100 church street**
CITY-STATE-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 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

2/13/01

Date

(212) 437-5558

Daytime Phone #

CR2E034 (1/100)

3/5/01