

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P36648**

1. Entity Name

CNI, INC.

Principal Place of Business

**530 5TH AVENUE
6TH FLOOR
NEW YORK NY 10036
US**

Mailing Address

**C/O PARALEGAL
1111 STEWART AVE
BETHPAGE NY 11714
US**

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

6. Name and Address of Current Registered Agent

**THE PRENTICE-HALL CORPORATION SYSTEM, INC.
1201 HAYES STREET SUITE 105
TALLAHASSEE FL 32301**

7. Name and Address of New Registered Agent

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, 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

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
P	KLINE, DAVID	1111 STEWART AVE	BETHPAGE NY 11714	<input type="checkbox"/>
COO	RATNER, HANK J.	1111 STEWART AVE	BETHPAGE NY 11714	<input type="checkbox"/>
CEOP	SAPAN, JOSHUA	1111 STEWART AVE	BETHPAGE NY 11714	<input type="checkbox"/>
D	BELL, WILLIAM	1111 STEWART AVE	BETHPAGE NY 11714	<input type="checkbox"/>
SVP	DEITCH, DAVID	1111 STEWART AVE	BETHPAGE NY 11714	<input type="checkbox"/>
VPT	RENZO, MORI	1111 STEWART AVENUE	BETHPAGE NY 11714	<input type="checkbox"/>

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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

Date

Daytime Phone #

FILED
Jan 31, 2001 8:00 am
Secretary of State

01-31-2001 90066 014 ***150.00

00011337

DO NOT WRITE IN THIS SPACE

4. FEI Number **14-1138304**

Applied For

Not Applicable

5. Certificate of Status Desired ☐**\$8.75 Additional
Fee Required**

CR2E034 (10/00)