## **2000 UNIFORM BUSINESS REPORT (UBR)**

## FILED DOCUMENT # **P39821** May 04, 2000 8:00 am Secretary of State 1. Entity Name JV FLORIDA FOUR, INC. 05-04-2000 90123 015 \*\*\*150.00 Principal Place of Business Mailing Address 730 THIRD AVE.(15/485) 730 THIRD AVENUE 15/485 NEW YORK NY 10017-3206 NEW YORK NY 10017 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 13-3674782 Not Applicable Zip Country \$8.75 Additional Country 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name C T CORPORATION SYSTEM Street Address (P.O. Box Number is Not Acceptable) 1200 SOUTH PINE ISLAND ROAD **PLANTATION FL 33324** City 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 DATE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS ۷D TITLE ☐ Change ☐ Addition Delete TITLE NAME NAME LUIK, JOSEPH W STREET ADDRESS 730 THIRD AVE STREET ADDRESS CITY-ST-ZIP **NEW YORK NY 10017** CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE SOMERS, JOHN A. NAME NAME STREET ADDRESS STREET ADDRESS 730 THIRD AVENUE CITY-ST-ZIP CITY-ST-ZIP **NEW YORK NY 10017** ☐ Change Addition ☐ Delete TITLE DIGENNARO, PHILIP R NAME NAME STREET ADDRESS STREET ADDRESS 730 THIRD AVENUE CITY-ST-ZIP CITY-ST-ZIP **NEW YORK NY 10017** ☐ Change ☐ Addition TITLE ☐ Defete TITLE adamski, richard J. NAME NAME STREET ADDRESS STREET ADDRESS 730 THIRD AVENUE CITY-ST-ZIP CITY-ST-ZIP **NEW YORK NY 10017** ☐ Delete TITLE Change ☐ Addition TITLE NAME SERLEN, MARK L. NAME STREET ADDRESS STREET ADDRESS 730 THIRD AVENUE CITY-ST-ZIP CITY-ST-ZIP **NEW YORK NY 10017** ☐ Change ☐ Addition AS ☐ Delete TITLE TITLE LEAHY, EDWARD J NAME NAME STREET ADDRESS STREET ADDRESS 730 THIRD AVE CITY-ST-ZIP CITY-ST-ZIP **NEW YORK NY 10017**

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

Mark Serlen

4/15/00

(212) 916=42

0 (212)

Daytime Phone #