

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P92000002643

1. Entity Name

QRS 11-12 (FL), INC.

FILED
Feb 05, 2000 8:00 am
Secretary of State

02-05-2000 90030 022 ***150.00

Principal Place of Business

Mailing Address

50 ROCKEFELLER PLAZA
NEW YORK NY 10020

50 ROCKEFELLER PLAZA
NEW YORK NY 10020-1605

00014010

2. Principal Place of Business

3. Mailing Address

50 ROCKEFELLER PLAZA

50 ROCKEFELLER PLAZA

Suite, Apt. #, etc.

Suite, Apt. #, etc.

2ND FLOOR

2ND FLOOR

City & State

City & State

NEW YORK, NY

NEW YORK, NY 10020-1605

Zip

Country

Zip

Country

10020

4. FEI Number

13-3687919

Applied For

Not Applicable

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

THE PRENTICE-HALL CORPORATION SYSTEM INC.
1201 HAYS STREET
SUITE 105
TALLAHASSEE FL 32301

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 Be
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE CD ☐ Delete
NAME CAREY, WILLIAM P
STREET ADDRESS 50 ROCKEFELLER PLAZA
CITY-ST-ZIP NEW YORK NY 10020

TITLE ☐ Change ☐ Addition
NAME PLEASE SEE
STREET ADDRESS COMPLETE
CITY-ST-ZIP ATTACHED
LIST

TITLE P ☐ Delete
NAME CAREY, H. AUGUSTUS
STREET ADDRESS 50 ROCKEFELLER PLAZA
CITY-ST-ZIP NEW YORK NY 10020

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

TITLE D ☐ Delete
NAME RUDER, WILLIAM R
STREET ADDRESS 50 ROCKEFELLER PLAZA
CITY-ST-ZIP NEW YORK NY 10020

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

TITLE D ☐ Delete
NAME TOWNSEND, CHARLES C JR
STREET ADDRESS 50 ROCKEFELLER PLAZA
CITY-ST-ZIP NEW YORK NY 10020

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

TITLE T ☐ Delete
NAME PARK, JOHN J
STREET ADDRESS 50 ROCKEFELLER PLAZA
CITY-ST-ZIP NEW YORK NY 10020

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

TITLE 2VP ☐ Delete
NAME CUERRERO, YASMIN
STREET ADDRESS 50 ROCKEFELLER PLAZA
CITY-ST-ZIP NEW YORK NY 10020

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

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:

Yasmin Cuerrero
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/7/00

(212) 492-1100