

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**

**Apr 18, 2001 8:00 am**  
**Secretary of State**

04-18-2001 90037 032 \*\*\*150.00

**DOCUMENT # P93000035189**

1. Entity Name

**555 BILTMORE, INC.**

Principal Place of Business

Mailing Address

**80 SW 8 ST  
SUITE 2803  
MIAMI FL 33130**

**80 SW 8 ST  
SUITE 2803  
MIAMI FL 33130**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number **11-3160930**

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

**MCCAUGHAN, WILLIAM P  
80 SW 8 ST  
SUITE 2803  
MIAMI FL 33130**

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CASSIN, RICHARD 1120 AVENUE OF THE AMERICAS NEW YORK NY 10036 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BALTRUS, MATTHEW J. EAB PLAZA-EAST TOWER, 13th FLOOR UNIONDALE, NY 11556-0123 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FREEL, JAMES T EAB PLZ E TOWER 13 FL UNIONDALE NY <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MASCIS, MURRAY F. EAB PLAZA-EAST TOWER, 13th FLOOR UNIONDALE, NY 11556-0123 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D NEUNER, WILLIAM M EAB PLZ E TOWER 13 FL UNIONDALE NY <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BOYLE, MARY T. EAB PLAZA-EAST TOWER, 13th FLOOR UNIONDALE, NY 11556-0123 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS FLOOD, LINDA EAB PLAZA, E TOWER, 10TH FL UNIONDALE NY 11556-0128 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	T WRIGHT, CHRISTOPHER 1707-8 Veterans Memorial Highway Islandia, NY 11749 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P LIEGEY, GREGORY D EAB PLZ E TOWER 13 FL UNIONDALE NY <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	S GRIPPO, DANIEL EAB PLAZA-EAST TOWER, 10th FLOOR UNIONDALE, NY 11556-0128 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V LOMONACO, JOSEPH M EAB PLZ E TOWER 13 FL UNIONDALE FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:

*Linda Flood* ASSISTANT SECRETARY  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-6-01 (516) 745-2918  
Date Daytime Phone #

CR2E034 (10/00)