

2000 UNIFORM BUSINESS REPORT (UBR)

6

DOCUMENT # P93000047220

1. Entity Name

CRITERION N.Y., INC.

Principal Place of Business

Mailing Address

1950 STEMMONS FRWY
STE 6001
DALLAS TX 75207

1950 STEMMONS FRWY
STE 6001
DALLAS TX 75207-3107

2. Principal Place of Business

same as above

3. Mailing Address

same as above

Suite, Apt. #, etc.

u

Suite, Apt. #, etc.

u

City & State

u

City & State

u

Zip

u

Country

u

Zip

u

Country

u

4. FEI Number

65-0433113

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

PELTZ, ARVIN
3250 MARY ST
STE 500
MIAMI FL 33133

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 NAME STREET ADDRESS CITY-ST-ZIP	CEO CARREKER, JAMES D 1950 STEMMONS FRWY #6001 DALLAS TX 75207	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BENTLEY, LESLIE V 1950 STEMMONS FRWY #6001 DALLAS TX 75207	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T JONES, LAWRENCE S 1950 STEMMONS FRWY #6001 DALLAS TX 75207	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S MORELAND, CARLA S 1950 STEMMONS FRWY #6001 DALLAS TX 75207	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	President Michael A. Grossman same as above	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP & Treasurer Richard L. Mahoney same as above	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Secretary Deverly M. Houston same as above	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/1/00

Date

214 863 1000

Daytime Phone #

FILED
Aug 10, 2000 8:00 am
Secretary of State

06-23-2000 90106 030 ***150.00

08-10-2000 90001 031 ***400.00



DO NOT WRITE IN THIS SPACE

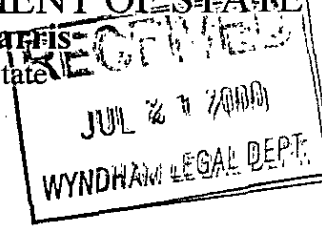
C-2E034 (9/98)



Attachment Doc# P93000047220
RECEIVED JUL 27 2000

FLORIDA DEPARTMENT OF STATE

Katherine Harris
Secretary of State



June 28, 2000

CRITERION N.Y., INC.
1950 STEMMONS FRWY
STE 6001
DALLAS, TX 75207

7/24 to: Linda Appleby

Subject: CRITERION N.Y., INC.

Reference Number: P93000047220

Please be advised, we have received your annual report/uniform business report for the above corporation and your check(s) totaling \$150.00; however, the report **has not been filed** and a copy is being returned for the following correction(s):

The fee to file the profit annual report/uniform business report is \$150.00 plus \$400.00 late fee for a total of \$550.00. If a certificate of status is desired, please add an additional \$8.75.

There is a balance due of \$400.00.

After the corrections have been made, please return the report to: Division of Corporations, P.O. Box 1500, Tallahassee, Florida 32302-1500 within 30 days from the date of this letter.

If you have additional questions or need further assistance, please call the Division of Corporations at (850) 488-9000.

/ky

ANNUAL REPORTS SECTION

PLEASE RETURN TO: DIVISION OF CORPORATIONS, P.O. BOX 1500, TALLAHASSEE, FLORIDA 32302-1500
IF YOU HAVE ANY QUESTIONS, PLEASE CALL (850) 488-9000