

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000049032

1. Entity Name

PARCEL C-1 DEVELOPMENT, INC.

FILED
May 01, 2000 8:00 am
Secretary of State

05-01-2000 90307 014 ***150.00

Principal Place of Business Mailing Address
--- AVENUE OF THE AMERICAS, 36TH FLOOR 1285 AVENUE OF THE AMERICAS, 36TH FLOOR
--- TOMEN AMERICA, INC C/O TOMEN AMERICA, INC
--- YORK NY 10019 NEW YORK NY 10019-6028



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FEI Number 13-3786400		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324

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	PD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCCARTHY, JAMES	NAME	
STREET ADDRESS	1285 AVENUE OF THE AMERICAS, 36TH FLOOR	STREET ADDRESS	
CITY-ST-ZIP	NEW YORK NY 10019	CITY-ST-ZIP	
TITLE	VD <input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCCARTHY, JAMES	NAME	
STREET ADDRESS	1285 AVENUE OF THE AMERICAS, 36TH FLOOR	STREET ADDRESS	
CITY-ST-ZIP	NEW YORK NY 10019	CITY-ST-ZIP	
TITLE	S <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MARAIA, JOHN	NAME	
STREET ADDRESS	1285 AVENUE OF THE AMERICAS, 36TH FLOOR	STREET ADDRESS	
CITY-ST-ZIP	NEW YORK NY 10019	CITY-ST-ZIP	
TITLE	T <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MUSHIKA, HIDEKI	NAME	
STREET ADDRESS	1285 AVENUE OF THE AMERICAS, 36TH FLOOR	STREET ADDRESS	
CITY-ST-ZIP	NEW YORK NY 10019	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

James McCarthy

Date

212 397 5808

Daytime Phone #

CR2E034 (9/99)