

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000079254

1. Entity Name

RPM CAFE, INC.

FILED
Feb 16, 2000 8:00 am
Secretary of State

02-16-2000 90117 016 ***150.00

Principal Place of Business

740 OCEAN DR
MIAMI BEACH FL 33140

Mailing Address

777 BRICKELL AVENUE
SUITE 900
MIAMI FL 33131-2814

2. Principal Place of Business
20 Broad Street

3. Mailing Address
20 Broad Street

Suite, Apt. #, etc.
27th Floor

Suite, Apt. #, etc.
6th Floor - Attn: T. Lehr

City & State
New York, NY

City & State
New York, NY

4. FEI Number 65-0534143

Applied For
Not Applicable

Zip
10005-2601

Country

Zip
10005-2601

Country

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

C T CORPORATION SYSTEM
1200 SOUTH 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 D ☐ Delete
NAME MURPHY, ROBERT M
STREET ADDRESS % ROBB PECK MCCOOEY, 20 BROAD ST, 27TH FL
CITY-ST-ZIP NEW YORK NY 10005

TITLE DV ☒ Change ☐ Addition
NAME Murphy, Robert M.
STREET ADDRESS c/o ROBB PECK MCCOOEY, 20 Broad St., 27th Fl
CITY-ST-ZIP New York, NY 10005

TITLE DC ☐ Delete
NAME ROBB, GEORGE E JR
STREET ADDRESS % ROBB PECK MCCOOEY, 20 BROAD ST, 27TH FL
CITY-ST-ZIP NEW YORK NY 10005

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

TITLE DP ☐ Delete
NAME LOW, MITCHELL T
STREET ADDRESS 740 OCEAN DRIVE
CITY-ST-ZIP MIAMI BEACH FL 33140

TITLE DP ☒ Change ☐ Addition
NAME Low, Mitchell T.
STREET ADDRESS c/o ROBB PECK MCCOOEY, 20 Broad St., 27th Fl
CITY-ST-ZIP New York, NY 10005

TITLE DVST ☐ Delete
NAME MISTRETTA, NATHAN J
STREET ADDRESS 740 OCEAN DRIVE
CITY-ST-ZIP MIAMI BEACH FL 33140

TITLE DVST ☒ Change ☐ Addition
NAME Mistretta, Nathan J.
STREET ADDRESS c/o ROBB PECK MCCOOEY, 20 Broad St., 6th Fl
CITY-ST-ZIP New York, NY 10005

TITLE V ☐ Delete
NAME LEHR, THOMAS F
STREET ADDRESS 740 OCEAN DRIVE
CITY-ST-ZIP MIAMI BEACH FL 33140

TITLE V ☒ Change ☐ Addition
NAME Lehr, Thomas F.
STREET ADDRESS c/o ROBB PECK MCCOOEY, 20 Broad St., 6th Fl
CITY-ST-ZIP New York, NY 10005

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D ☐ Change ☒ Addition
NAME Bodtmann, Cornelius F.
STREET ADDRESS c/o ROBB PECK MCCOOEY, 20 Broad St., 6th Fl
CITY-ST-ZIP New York, NY 10005

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

Mitchell Low

Date

Daytime Phone #

CR2E34 (9/99)