

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000070151

1. Entity Name

EAST END INVESTMENTS, INC.

FILED
Jan 20, 2000 8:00 am
Secretary of State

01-20-2000 90153 048 ***150.00

Principal Place of Business

1520 SOUTH OCEAN BLVD.
PALM BEACH FL 33480

Mailing Address

1520 SOUTH OCEAN BLVD.
PALM BEACH FL 33480-5102

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0623257

Applied For

Not Applicable

Zip

Country

Zip

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

ADLER, FREDERICK R.
1520 SOUTH OCEAN BLVD
PALM BEACH FL 33480

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.
12. (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 ☐ Delete
NAME ADLER, FREDERICK R.
STREET ADDRESS 1520 SOUTH OCEAN BLVD
CITY-ST-ZIP PALM BEACH FL

TITLE V ☐ Delete
NAME CHAPMAN, PHILIP R
STREET ADDRESS C/O VENAD, 342 MADISON AVE STE 807
CITY-ST-ZIP NEW YORK NY 10173

TITLE V ☐ Delete
NAME NICKSE, JAY S
STREET ADDRESS C/O VENAD, 342 MADISON AVE STE 807
CITY-ST-ZIP NEW YORK NY 10173

TITLE S ☐ Delete
NAME NUSSBAUM, SHELDON
STREET ADDRESS C/O FULBRIGHT & JAWORSKI, LLP, 666 5TH AVE
CITY-ST-ZIP NY NY

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

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

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

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

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

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

Frederick R. Adler

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNED OFFICER OR DIRECTOR

Frederick R. Adler

Jan. 12, 2000

Date

561-655-1520

Daytime Phone #

CR2F034 (9/99)