

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**

**May 24, 2001 8:00 am**  
**Secretary of State**

05-24-2001 90321 005 \*\*\*150.00

DOCUMENT # **P95000097671**

1. Entity Name

**NY Holdings, Inc.**

Principal Place of Business

**250 Valencia Avenue**  
**Coral Gables, FL**  
**33134**

Mailing Address

**250 Valencia Ave**  
**Coral Gables, FL**  
**33134**

2. Principal Place of Business

**1828-B N. University Dr**

3. Mailing Address

**1828-B N. University Dr.**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**553242**

DO NOT WRITE IN THIS SPACE

City & State

**Plantation, FL**

City & State

**Plantation, FL**

4. FEI Number

**65-071085**

Applied For

Not Applicable

Zip

**33322**

Country

**USA**

Zip

**33322**

Country

**USA**

5. Certificate of Status Desired

☐

**\$8.75** Additional  
Fee Required

## 6. Name and Address of Current Registered Agent

**Miller George**  
**250 Valencia Ave**  
**Coral Gables, FL 33134**

## 7. Name and Address of New Registered Agent

Name

**Miller George**

Street Address (P.O. Box Number is Not Acceptable)

**1828-B N. University Drive**

**Plantation**

**FL**

**33322**

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!**  
**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

TITLE **DPT**  
NAME **Miller, George** ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☒ Change ☐ Addition  
NAME **Hennessy, David**  
STREET ADDRESS **22481 Pleasant Park Rd**  
CITY-ST-ZIP **Conifer CO 80433**

TITLE ☒ Change ☐ Addition  
NAME **Berkowitz, Joel**  
STREET ADDRESS **303 Ivy Lane**  
CITY-ST-ZIP **Weston, FL 33326**

TITLE ☒ Change ☐ Addition  
NAME **Barkey, Michael**  
STREET ADDRESS **2803 W Bush Blvd, Ste 208**  
CITY-ST-ZIP **Tampa, FL 33618**

TITLE ☒ Change ☐ Addition  
NAME **Schmae, Tommy**  
STREET ADDRESS **11074 Kennedy Ave**  
CITY-ST-ZIP **Conifer, CO 80433**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

## 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **DPT**  
NAME **Miller George** ☒ Change ☐ Addition  
STREET ADDRESS **1828-B North University Drive**  
CITY-ST-ZIP **Plantation, FL 33322**

TITLE ☒ Change ☐ Addition  
NAME **Hennessy, David**  
STREET ADDRESS **11873 Spring Rd, Ste #10**  
CITY-ST-ZIP **Conifer CO 80433**

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

TITLE ☒ Change ☐ Addition  
NAME **Barkey, Michael**  
STREET ADDRESS **2701 W Bush Blvd, Ste 126B**  
CITY-ST-ZIP **Tampa, FL 33618-4531**

TITLE ☒ Change ☐ Addition  
NAME **Schmae, Tommy**  
STREET ADDRESS **11873 Spring Rd, Ste #10**  
CITY-ST-ZIP **Conifer, CO 80433**

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 no officer or director of the corporation or the receiver or trustee empowered to execute this report has changed, or an attachment with an address, with all other like empowered.

SIGNATURE:

**Tommy Schmae**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4-23-01**

Date

**303-838-1400**

Daytime Phone #

CR2E034 (11/00)