

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 07, 2002 8:00 am
Secretary of State

05-07-2002 90102 001 *1,200.00

DOCUMENT # P95000097671

1. Entity Name
NY HOLDINGS, INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
SARA MILLER

3. Mailing Address
SARA MILLER

Suite, Apt. #, etc.
9430 NW 16 STREET

Suite, Apt. #, etc.
9430 NW 16 STREET

DO NOT WRITE IN THIS SPACE

City & State
PLANTATION, FL

City & State
PLANTATION, FL

4. FEI Number
650711085

Applied For
Not Applicable

Zip 33322

County

Zip 33322

County

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

7. Name and Address of Current Registered Agent

Name
SARA MILLER

Street Address (P.O. Box Number is Not Acceptable)
9430 NW 16 STREET

City
PLANTATION FL Zip Code 33322

**DO NOT WRITE
IN THIS SPACE**

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) ☐

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
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
NAME
STREET ADDRESS
CITY - ST - ZIP
JOEL S. BERKOWITZ P
24 HEARTHSTONE DR
ASHVILLE, NC 28803

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
DAVID C. HENNESSY VP
11873 SPRING RD STE 10
CONIFER, CO 80433

TITLE
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STREET ADDRESS
CITY - ST - ZIP

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IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DAVID HENNESSY

4/24/02 303-838-1400

Date

Daytime Phone #

CR2E034B (12/01)