

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 04, 2002 8:00 am**  
**Secretary of State**

02-04-2002 90032 022 \*\*\*150.00

**DOCUMENT # P98000044681**

**1. Entity Name**  
**PHOENIX GLOBAL INVESTMENT CORPORATION**

**Principal Place of Business**

**645 MADISON AVE**  
**13TH FLOOR**  
**NEW YORK NY 10022**

**Mailing Address**

**645 MADISON AVE**  
**13TH FLOOR**  
**NEW YORK NY 10022**

**2. Principal Place of Business**

**645 Madison Ave**  
**13TH FLOOR**  
**NY, NY 10022**

**Mailing Address**

**PHL Administrative Offices**  
**38 E. 23rd St. 4th Fl**  
**NY, NY 10010**

DO NOT WRITE IN THIS SPACE

**4. FEI Number** **58-2397585**

**Applied For**  
**Not Applicable**

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

**6. Name and Address of Current Registered Agent**

**MILEA, MICHAEL**  
**% LEWIS LAVELSON/RACHLIN**  
**250 SOUTH AUSTRALIAN AVE., STE 1107**  
**WEST PALM BEACH FL 33401**

**7. Name and Address of New Registered Agent**

**Michael Milea**  
**Street Address (P.O. Box Number is Not Acceptable)**  
**C/O Lewis Lavelson/Rachlin Cohen**  
**7775. Flagler Drive Suite 150**  
**West Palm Beach FL 33401**

**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, 2002 Fee will be \$550.00**  
**Make Check Payable to Department of State**

**10. Election Campaign Financing** ☐ **\$5.00 May Be Added to Fees**  
 Trust Fund Contribution.

**11. OFFICERS AND DIRECTORS**

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
	<b>PCEO</b>			
	<b>MILEA, MICHAEL</b>			
	<b>645 MADISON AVENUE</b>			
	<b>NEW YORK NY 10022</b>			

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

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition

**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 my address, with all other like empowered.**

**SIGNATURE:**

**SIGNATURE REQUIRED**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)