

2000 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P98000081109**

1. Entity Name

OLP MIAMI INC.**FILED****Jan 25, 2000 8:00 am**
Secretary of State

01-25-2000 90058 018 ***150.00

Principal Place of Business

Mailing Address

**60 CUTTER MILL RD
STE 303
GREAT NECK NY 11021****60 CUTTER MILL RD
STE 303
GREAT NECK NY 11021-3104****906083**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

11-3472315Applied 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

**UNITED CORPORATE SERVICES, INC.
9200 SOUTH DADELAND BLVD.
SUITE 508
MIAMI FL 33156**

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	P	<input checked="" type="checkbox"/> Delete
NAME	GOULD, MATTHEW	
STREET ADDRESS	60 CUTTER MILL RD	
CITY-ST-ZIP	GREAT NECK NY 11021	

TITLE	C	<input type="checkbox"/> Delete
NAME	GOULD, FREDRIC H	
STREET ADDRESS	60 CUTTER MILL RD	
CITY-ST-ZIP	GREAT NECK NY 11021	

TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	LUNDY, MARK H	
STREET ADDRESS	60 CUTTER MILL RD	
CITY-ST-ZIP	GREAT NECK NY 11021	

TITLE	T	<input type="checkbox"/> Delete
NAME	KOBAY, SETH	
STREET ADDRESS	60 CUTTER MILL RD	
CITY-ST-ZIP	GREAT NECK NY 11021	

TITLE	VPCF	<input type="checkbox"/> Delete
NAME	KALISH, DAVID W	
STREET ADDRESS	60 CUTTER MILL RD	
CITY-ST-ZIP	GREAT NECK NY 11021	

TITLE	VPF	<input type="checkbox"/> Delete
NAME	DUNLEAVY, KAREN	
STREET ADDRESS	60 CUTTER MILL RD	
CITY-ST-ZIP	GREAT NECK NY 11021	

TITLE	President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Add
NAME	Jeffrey Fishman	
STREET ADDRESS	60 Cutter Mill Rd	
CITY-ST-ZIP	Great Neck NY 11021	

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

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

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STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Add
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:**SIGNATURE REQUIRED**
Karen Dunleavy
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

1/14/2000

Daytime Phone #

516-773-2744