

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

FILED
May 09, 2002 8:00 am
Secretary of State

05-09-2002 90036 048 ***158.75

DOCUMENT # **P99000006635**

1. Entity Name

880 Mandalay Avenue, Inc.

DO NOT WRITE IN THIS SPACE

851253

2. Principal Place of Business
870 Clarion Partners
335 Madison Avenue

3. Mailing Address
870 Clarion Partners
335 Madison Avenue

Suite, Apt. #, etc.
7th Floor

Suite, Apt. #, etc.
7th Floor

City & State
New York, NY

City & State
New York, NY

Zip
10017

Country

Zip
10017

Country

4. FEI Number
134046808

Applied For
Not Applicable

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

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name
Corporation Service Company

Street Address (P.O. Box Number is Not Acceptable)
1201 Hays Street

City
Tallahassee

FL Zip Code
32301-2525

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	DP Weisz, John A. 335 Madison Avenue New York, NY 10017	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DV Furnary, Stephen J. 335 Madison Avenue New York, NY 10017	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DV Grossman, Charles 335 Madison Avenue New York, NY 10017	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DV Sullivan, Frank J. Jr. 335 Madison Avenue New York, NY 10017	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PT Rotter, Edward M. 335 Madison Avenue New York, NY 10017	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VST Zappulla, Peter H. 335 Madison Avenue New York, NY 10017	TITLE NAME STREET ADDRESS CITY - ST - ZIP	

**DO NOT WRITE
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:

Peter H. Zappulla
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034B (12/01)