

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000101157

1. Entity Name

925 INVESTMENT INC.

**FILED**  
**Apr 24, 2000 8:00 am**  
**Secretary of State**

04-24-2000 90112 042 \*\*\*150.00

Principal Place of Business

Mailing Address

C/O LEOD. BLOCK & PARTNERS LLP  
505 PARK AVE.  
NEW YORK NY 10022

C/O LEOD. BLOCK & PARTNERS LLP  
505 PARK AVE.  
NEW YORK NY 10022-1106

2. Principal Place of Business

NRAI SERVICES, INC.

3. Mailing Address

c/o Loeb, Block & Partners LLP

Suite, Apt. #, etc.

526 EAST PARK AVENUE

Suite, Apt. #, etc.

505 Park Avenue - Ste 900

City & State

TALLAHASSEE, FLORIDA

City & State

New York, NY

4. FEI Number

59-3611899

☒ Applied For

☐ Not Applicable

Zip

32301

Country

U.S.A.

Zip

10022

Country

U.S.A.

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

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 ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☒ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
DP  
HERBERT M. SELZER  
505 PARK AVENUE 9<sup>TH</sup> FLOOR  
NEW YORK, NY 10022

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☒ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
DS  
DAVID LEIBMAN  
505 PARK AVENUE 9<sup>TH</sup> FLOOR  
NEW YORK, NY 10022

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
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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**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)