

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Sep 08, 2002 8:00 am**  
**Secretary of State**

09-08-2002 90130 009 \*\*\*550.00

**DOCUMENT # V53336**

**1. Entity Name**  
**MAGGHY REAL ESTATE, INC.**

**Principal Place of Business**  
**C/O GIBBONS, DEL DEO, ETAL**  
**125 W 55TH STREET, 11TH FLR**  
**NEW YORK NY 10019**

**Mailing Address**  
**C/O GIBBONS, DEL DEO, ETAL**  
**125 W 55TH STREET, 11TH FLR**  
**NEW YORK NY 10019**



DO NOT WRITE IN THIS SPACE

**2. Principal Place of Business**  
**c/o Gibbons, Del Deo, etal**

**3. Mailing Address**  
**c/o Gibbons, Del Deo, etal**

**One Pennsylvania Plaza**  
**37th Floor**

**New York, NY**

**4. FEI Number** **65-0367248** **Applied For**  
**Not Applicable**

**10119-3701** **USA**

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

**6. Name and Address of Current Registered Agent**  
**C T CORPORATION SYSTEM**  
**1200 S PINE ISLAND ROAD**  
**PLANTATION FL 33324**

**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. I am familiar with, and accept the obligations of registered agent.**

**SIGNATURE** **N/A**  
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.** ☐  
**FILE NOW!!! FEE IS \$550.00**  
**After September 13, 2002 Fee will be \$750.00**  
**Make Check Payable to Department of State**

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

11. OFFICERS AND DIRECTORS			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	PD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MARZORATI, GIUSEPPE		NAME		
STREET ADDRESS	PRATI MAGGI		STREET ADDRESS		
CITY-ST-ZIP	RANCATE SW CH-68-2		CITY-ST-ZIP		
TITLE	VPD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MARZORATI, ROBERTO		NAME		
STREET ADDRESS	PRATI MAGGI		STREET ADDRESS		
CITY-ST-ZIP	RANCATE SW CH-68-2		CITY-ST-ZIP		
TITLE	TSD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MARZORATI, EUGENIO		NAME		
STREET ADDRESS	PRATI MAGGI		STREET ADDRESS		
CITY-ST-ZIP	RANCATE SW CH-68-2		CITY-ST-ZIP		
TITLE	S	<input type="checkbox"/> Delete	TITLE	Assistant Secretary	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MYERS, TERRY		NAME	Myers, Terry	
STREET ADDRESS	125 W 55TH STREET, 11TH FLOOR		STREET ADDRESS	One Pennsylvania Plaza, 37th Fl.	
CITY-ST-ZIP	NEW YORK NY 10019		CITY-ST-ZIP	New York, NY 10119-3701	
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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:** *Terry Myers* **9-03-02 212-649-4707**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (4/02)