

2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 28, 2002 8:00 am**  
**Secretary of State**

03-28-2002 90151 023 \*\*\*150.00

DOCUMENT # **F01000003227**

1. Entity Name  
**WILLIAM & SONS REALTY, INC.**

Principal Place of Business <b>137 EAST 29TH STREET NEW YORK, NY 10016</b>	Mailing Address <b>137 EAST 29TH STREET NEW YORK NY 10016</b>
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2. Principal Place of Business <b>293 BRYANT AVENUE</b> Suite, Apt. #, etc.	3. Mailing Address <b>293 BRYANT AVENUE</b> Suite, Apt. #, etc.
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City & State <b>WHITE PLAINS, NY</b> Zip <b>10605</b>	City & State <b>WHITE PLAINS, NY</b> Zip <b>10605</b>	4. FEI Number <b>1-3-3692555</b>	Applied For <b>APPLIED FOR</b>	Applied For Not Applicable
Country <b>westchester</b>	Country <b>Westchester</b>	5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required	



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent <b>STEIN, CLIFFORD M ESQ. 5345 PINETREE DRIVE MIAMI BEACH FL 33140</b>	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code
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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]* DATE: **3/11/2002**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.  **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 Trust Fund Contribution.  **\$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>CDPS FAKHIR, GEORGE 137 EAST 29TH STREET NEW YORK NY 10016</b> <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete <b>Fakhir George 7 Audrey Lane White Plains, New York, 10605</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	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 an address, with all other like empowered.

SIGNATURE: *[Signature]* **GEORGE F. AKHIR** DATE: **3/11/2002**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/01)