

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 07, 2002 8:00 am
Secretary of State

03-07-2002 90009 045 ***150.00

DOCUMENT # F97000001301

1. Entity Name
MARTIN STUART, LTD., INC.

Principal Place of Business
1370 BROADWAY, 11TH FLOOR
NEW YORK NY 10018

Mailing Address
1370 BROADWAY, 11TH FLOOR
NEW YORK NY 10018



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
4005 EAST 10th Ct

3. Mailing Address
4005 EAST 10th Court

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Hialeah FL

City & State

Hialeah FL

Zip

33013

Country

USA

Zip

33013

Country

USA

4. FEI Number
13-3536644

Applied For

Not Applicable

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

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

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, 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 ☐ Delete
PD
NAME **DISICK, STUART**
STREET ADDRESS **84 DORAL GREENS W 4005 E. 10TH CT.**
CITY-ST-ZIP **RYE BROOKE NY 10573 HIALEAH FL 33013**

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

TITLE ☐ Delete
V
NAME **COHEN, RANDALL**
STREET ADDRESS **465 DEVONSHIRE DRIVE 4005 E 10TH CT.**
CITY-ST-ZIP **FRANKLIN LAKES NJ 07417 HIALEAH FL 33013**

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

TITLE ☐ Delete
V
NAME **WHALEN, MARTIN**
STREET ADDRESS **8 MEADOWLARK ROAD 8 MEADOWLARK**
CITY-ST-ZIP **RYE BROOKE NY 10573 RYE BROOKE NY 10573**

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

TITLE ☐ Delete
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CITY-ST-ZIP

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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: Stuart Disick
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2.20.02 305 836 6334
Date Daytime Phone #

CR2E034 (9/01)