

05-14-2002 90348 013 ***150.00

FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **F 97000005353**
 1. Entity Name
72-74 Lafayette Avenue Realty Corp.

DO NOT WRITE IN THIS SPACE

90897

2. Principal Place of Business
72 Lafayette Ave
 Suite, Apt. #, etc.

3. Mailing Address
3 Whipper-In. Cl.
 Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
Suffern, NY 10901

City & State
Ormond Beach, FL

4. FEI Number
13-2803966

Applied For
 Not Applicable

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

Zip Country Zip Country
10901 **32174**

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name
Robert Nathan

Street Address (P.O. Box Number is Not Acceptable)
3 Whipper-In Circle

City
Ormond Beach, FL Zip Code
32174

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 _____ DATE _____
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.

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	President, Treasurer Robert M. Nathan 3 Whipper-In Circle Ormond Beach, FL 32174	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vice President Daniel Nathan 815 Phillip Dr. New Smyrna Beach, FL 32169	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vice President - Secretary Frances Nathan 3 Whipper-In Cl. Ormond Beach, FL 32174	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DO NOT WRITE IN THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME 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)(f), 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 **Robert M. Nathan** **7/25/02** **386-761-1316**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034B (12/01)