

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # H49731

1. Entity Name

A.L. INVESTMENT ASSOCIATES INC.

Principal Place of Business
C/O RAINES & FISCHER
535 FIFTH AVE 25TH FLOOR
NEW YORK NY 10017
US

Mailing Address
C/O RAINES & FISCHER
535 FIFTH AVE 25TH FLOOR
NEW YORK NY 10017
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

SPENCER, S A
251 CRANDON BLVD., #164
KEY BISCAVNE FL 33149

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, 2001 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

TITLE	PSD	☐ Delete
NAME	GENGER, ARIE	
STREET ADDRESS	9 WEST 57TH ST. #3900	
CITY-ST-ZIP	NEW YORK NY 10019	
TITLE	AT	☐ Delete
NAME	FISCHER, WILLIAM L	
STREET ADDRESS	535 FIFTH AVE 25TH FLOOR	
CITY-ST-ZIP	NEW YORK NY 10017	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PSD	☒ Change ☐ Addition
NAME	GENGER, ARIE	
STREET ADDRESS	375 PARK AVENUE 11th Floor	
CITY-ST-ZIP	NEW YORK, NY 10152	
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
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)(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: William L. Fischer WILLIAM L. FISCHER 1/9/01 212-953-9200
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

FILED
Jan 20, 2001 8:00 am
Secretary of State

01-20-2001 90002 044 ***150.00

A0006556



DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2545157

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

CR2E034 (10/00)

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