2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 21, 2003 8:00 am
Secretary of State
01-21-2003 90182 019 ***158.75

DOCUMENT # K60266

1. Entity Name
FIFTH AVENUE ASSOCIATES, INC.

Principal Place of Business
2629 N.W. 64TH PL.
BOCA RATON FL 33496

Mailing Address
2629 N.W. 64TH PL.
BOCA RATON FL 33496

90006282

2. Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip
Country

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip
Country

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number 65-0098930 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

HADDAD, CALVIN C.
2629 N.W. 64TH PL.
BOCA RATON FL 33496

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

FILE NOW!!! FEE IS $150.00
After May 1, 2003 Fee will be $550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PD	☐ Delete
NAME	HADDAD, CALVIN	
STREET ADDRESS	1225 BROADWAY	
CITY-ST-ZIP	NEW YORK NY 10001	
TITLE	STD	☐ Delete
NAME	HADDAD, BABETTE L	
STREET ADDRESS	1225 BROADWAY	
CITY-ST-ZIP	NEW YORK NY 10001	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

CR2E034 (10/02)

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: (CALVIN HADDAD) 1/17/03 (561) 241-5301
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

90006282

Attachment

Fifth Avenue Associates, Inc.
2629 N.W. 64th Place
Boca Raton, Fla. 33496
Tel. 561-241-5330/01
Fax 561-241-1653

1225 Broadway
New York, NY 10001
Tel: 212-683-4444
Fax: 212-725-7478

January 8, 2003

Department of State
Division of Corporations
Registration Section
P.O. Box ~~6327~~ 1500
Tallahassee, Fl. ~~32314~~ 32302-1500

Re: Fifth Avenue Associates, Inc.
Document #K60266

Dear Sir or Madam:

Enclosed please find our check # 1258 in the amount of $158.75 paying the filing fee and the additional $8.75 fee, as we are requesting a Certificate of Status to be forwarded to us as soon as possible for our records.

Very truly yours,

FIFTH AVENUE ASSOCIATES, INC.

Calvin C. Haddad

CCH/cp
Enc.