

**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



☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)

90006282

Fifth Avenue Associates, Inc.

Attachments

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

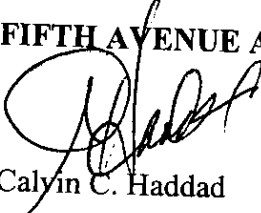
Re: Fifth Avenue Associates, Inc.
Document #K60266

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.