

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 03, 2001 8:00 am**  
**Secretary of State**

04-03-2001 90102 016 \*\*\*\*61.25

**DOCUMENT # P30862**

1. Entity Name

**SHOPLIFTERS ANONYMOUS, INC.**

Principal Place of Business

Mailing Address

**380 NORTH BROADWAY  
 STE. 206  
 JERICO NY 11753**

**380 NORTH BROADWAY  
 STE. 206  
 JERICO NY 11753**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

**22-3010584**

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

**BROMBERG, ELEANOR  
 10160 NW 24TH PLACE BLDG 202-APT 204  
 SUNRISE FL 33322**

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

**FILE NOW:  
 FEE IS \$61.25**

9. Election Campaign Financing Trust Fund Contribution.

**\$5.00** May Be Added to Fees

**Make Check Payable to  
 Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME	PD LANE, ROBERT C.	<input type="checkbox"/> Delete
STREET ADDRESS	1931 SABAL PALM DRIVE	
CITY-ST-ZIP	FT. LAUDERDALE FL	
TITLE NAME	SD LEVY, RICHARD E.	<input type="checkbox"/> Delete
STREET ADDRESS	39 HARTMAN HILL RD	
CITY-ST-ZIP	HUNTINGTON NY	
TITLE NAME	D LEWIS, JAMES, JR.	<input type="checkbox"/> Delete
STREET ADDRESS	731 FRANKLIN ST	
CITY-ST-ZIP	WESTBURY NY	
TITLE NAME	D BERLIN, PETER D	<input type="checkbox"/> Delete
STREET ADDRESS	380 NORTH BROADWAY	
CITY-ST-ZIP	JERICO NY	
TITLE NAME	D RUST, PETER	<input type="checkbox"/> Delete
STREET ADDRESS	P O BOX 204 N/A	
CITY-ST-ZIP	ROSLYN NY 11576	
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		

TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		

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 617, 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 OF SIGNING OFFICER OR DIRECTOR (Peter D. Berlin) 3/26/01 516-932-0165  
Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E037 (10/00)

C 1004