

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
Feb 24, 2000 8:00 am  
Secretary of State

02-24-2000 90070 033 \*\*\*150.00

DOCUMENT # P93000033619

1. Entity Name

5TH AVENUE CHANNEL CORP.

Principal Place of Business

3957 NE 163RD STREET  
NORTH MIAMI FL 33160

Mailing Address

3957 NE 163RD STREET  
NORTH MIAMI FL 33160-4125

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

59-3175814

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

ROSEN, MELVIN

1506 N.E. 162ND STREET

NORTH MIAMI BEACH FL 33162

Name

Eric Lefkowitz

Street Address (P.O. Box Number is Not Acceptable)

3957 NE 163rd ST.

City

North Miami Beach

FL

Zip Code

33160

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]*  
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

2/7/00

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, 2000 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PSTD	<input checked="" type="checkbox"/> Delete
NAME	ROSEN, MELVIN	
STREET ADDRESS	1506 N.E. 162ND ST.	
CITY-ST-ZIP	NORTH MIAMI BEACH FL 33162	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	DEVLIN, DENNIS	
STREET ADDRESS	34131 MICHIGAN AVE.	
CITY-ST-ZIP	WAYNE MI 48184	
TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	SIMKIN, SAMUEL H	
STREET ADDRESS	1508 NE 162 STREET	
CITY-ST-ZIP	N. MIAMI BEACH FL 33162	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	LEFTKOWITZ, ERIC	
STREET ADDRESS	1506 NE 162 STREET	
CITY-ST-ZIP	N. MIAMI BEACH FL 33162	
TITLE	CEO.	<input type="checkbox"/> Delete
NAME	MEL ROSEN	
STREET ADDRESS	3957 NE 163rd St.	
CITY-ST-ZIP	N. Miami Beach, FL 33160	
TITLE	C.O.O.	<input type="checkbox"/> Delete
NAME	Adam Taylor	
STREET ADDRESS	3957 NE 163rd St.	
CITY-ST-ZIP	N. Miami Beach, FL 33160	

TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Dennis Devlin	
STREET ADDRESS	3957 NE 163rd St.	
CITY-ST-ZIP	N. Miami Beach, FL 33160	
TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Scott Housefield	
STREET ADDRESS	3957 NE 163rd St.	
CITY-ST-ZIP	N. Miami Beach, FL 33160	
TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Larry Winestein	
STREET ADDRESS	3957 NE 163rd St.	
CITY-ST-ZIP	N. Miami Beach, FL 33160	
TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Nickolas van der Linden	
STREET ADDRESS	3957 NE 163rd St.	
CITY-ST-ZIP	N. Miami Beach, FL 33160	
TITLE	Executive Vice President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Eric Lefkowitz	
STREET ADDRESS	3957 NE 163rd St.	
CITY-ST-ZIP	N. Miami Beach, FL 33160	
TITLE	C.F.O.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Dominique Sada	
STREET ADDRESS	3957 NE 163rd St.	
CITY-ST-ZIP	N. Miami Beach, FL 33160	

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2/7/00

305-947-3010

CR2E034 (9/99)