

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000021546

1. Entity Name  
VESENAZ, INC.

**FILED**  
**Sep 12, 2000 8:00 am**  
**Secretary of State**

09-12-2000 90149 011 \*\*\*550.00

Principal Place of Business  
C/O STEPHEN M. POLLAN, P.C.  
404 EAST 79TH STREET  
NEW YORK NY 10021

Mailing Address  
C/O STEPHEN M. POLLAN, P.C.  
404 EAST 79TH STREET  
NEW YORK NY 10021



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business  
40 Warsaw Burstein Cohen

3. Mailing Address  
40 Warsaw Burstein Cohen

Suite, Apt. #, etc.  
SSS Fifth Avenue

Suite, Apt. #, etc.  
SSS Fifth Avenue

City & State  
New York, New York

City & State  
New York, New York

4. FEI Number  
S8-2485415

Applied For  
Not Applicable

Zip  
10017

Country  
USA

Zip  
10017

Country  
USA

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

## 6. Name and Address of Current Registered Agent

NAVON, SAMUEL D  
2699 STIRLING ROAD  
SUITE B-100  
FORT LAUDERDALE FL 33312

## 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 \_\_\_\_\_ (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 \$550.00**  
**After SEPTEMBER 13, 2000 Min. will be \$750.00**  
**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 PD  
NAME POLLAN, STEPHEN M  
STREET ADDRESS 404 E 79TH ST #4D  
CITY-ST-ZIP NEW YORK NY 10021 ☐ Delete

TITLE SD  
NAME NEWMAN, RANDY S  
STREET ADDRESS 404 E 79TH ST #4D  
CITY-ST-ZIP NEW YORK NY 10021 ☒ 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

## 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD  
NAME Pollan, Stephen M  
STREET ADDRESS SSS Fifth Avenue  
CITY-ST-ZIP New York, New York 10017 ☒ 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

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: Stephen M. Pollan REQUIRED

Date

Daytime Phone #

CR2E034 (5/00)