

**2002 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Jan 21, 2002 8:00 am**  
**Secretary of State**

01-21-2002 90018 028 \*\*\*150.00

05/3904 AT

**DOCUMENT # 661178**

1. Entity Name  
**MIKLOR EQUITIES, INC.**

Principal Place of Business <b>745 FIFTH AVENUE #812 NEW YORK NY 10151</b>	Mailing Address <b>745 FIFTH AVENUE #812 NEW YORK NY 10151</b>
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DO NOT WRITE IN THIS SPACE

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 <b>59-1990010</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

6. Name and Address of Current Registered Agent  
**VALDES-FAULI CORPORATE SERVICES, INC.**  
**777 SOUTH FLAGLER DRIVE**  
**SUITE 500E**  
**WEST PALM BEACH FL 33401**

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City
State <b>FL</b>
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 \$150.00**  
**After May 1, 2002 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

TITLE	<b>DS</b>	<input type="checkbox"/> Delete
NAME	<b>BLOOMBERG, BETTY J</b>	
STREET ADDRESS	<b>360 EAST 72ND STREET</b>	
CITY-ST-ZIP	<b>NEW YORK NY</b>	
TITLE	<b>PD</b>	<input type="checkbox"/> Delete
NAME	<b>LUBASH, LORNA L.</b>	
STREET ADDRESS	<b>127 ERSKINE ROAD</b>	
CITY-ST-ZIP	<b>STAMFORD CT</b>	
TITLE	<b>DT</b>	<input type="checkbox"/> Delete
NAME	<b>ETRA, LIONEL ESQ</b>	
STREET ADDRESS	<b>825 EIGHTH AVENUE</b>	
CITY-ST-ZIP	<b>NEW YORK NY 10019-7416</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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: Betty J. Bloomberg  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JAN 8, 2002 (212) 759-0016  
 Date Daytime Phone #

CR2E034 (9/01)