04/29/03 TUE 10:56 FAX 1 973 408 9001 HMK ASSOCIATES

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 14, 2003 8:00 am
Secretary of State
05-14-2003 90140 041 ***150.00

90134560

DOCUMENT # F97000000906

1. Entity Name
PAGE PLAZA MANAGEMENT CORPORATION

Principal Place of Business	Mailing Address
C/O WHARTON REALTY GROUP 2100 ROUTE 35, SUITE A SEA GIRT NJ 08750	C/O PLAY KNITS 240 WEST 40TH ST NY NY 10018

☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business		3. Mailing Address	
		c/o HMK Associates	
Suite, Apt. #, etc.		Suite, Apt. #, etc. 30 Columbia Turnpike	
City & State		City & State Florham Park, NJ	
Zip	Country	Zip 07932	Country USA

4. FEI Number 22-3498649 ☐ 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
CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE FL 32301-2525	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 Checks 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	PC TAWIL, SAUL R C/O 2100 ROUTE 35, SUITE A SEA GIRT NJ 08750	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VAS MASSRY, DANIEL C/O 2100 ROUTE 35, SUITE A SEA GIRT NJ 08750	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SUTTON, SHARON C/O 2100 ROUTE 35, SUITE A SEA GIRT NJ 08750	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SITT, MARILYN C/O 2100 ROUTE 35, SUITE A SEA GIRT NJ 08750	☐ 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 REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #