## 2014 FOREIGN NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P30862

Entity Name: NATIONAL ASSOCIATION FOR SHOPLIFTING PREVENTION,

INC.

FILED
Mar 10, 2014
Secretary of State
CC4597977812

## **Current Principal Place of Business:**

225 BROADHOLLOW ROAD SUITE 400E MELVILLE, NY 11747

## **Current Mailing Address:**

225 BROADHOLLOW ROAD SUITE 400E MELVILLE, NY 11747

FEI Number: 22-3010584 Certificate of Status Desired: No

## Name and Address of Current Registered Agent:

BERLIN, PETER 19111 COLLINS AVENUE - UNIT 501 SUNNY ISLES, FL 33160 US

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:

Electronic Signature of Registered Agent Date

Officer/Director Detail:

Title PD Title D

Name LANE, ROBERT C Name LEVY, ROBERT

Address 1931 SABAL PALM DRIVE Address 475 PARK AVE SOUTH
City-State-Zip: FT. LAUDERDALE FL 33324 City-State-Zip: NEW YORK NY 10016

Title SD Title D

Name RUST, PETER Name BERLIN, PETER D

Address 201 BROAD STREET-4TH FLOOR Address 19111 COLLINS AVE. APT. 501
City-State-Zip: STAMFORD CT 06901 City-State-Zip: SUNNY ISLES BEACH FL 33160

TitleDTitleEXECUTIVE DIRECTORNameBROMBERG, STEPHENNameKOCHMAN, CAROLINE

Address 1539 FRANKLIN AVENUE-STE 101 Address 225 BROADHOLLOW ROAD

SUITE 400E

City-State-Zip: MINEOLA NY 11501 City-State-Zip: MELVILLE NY 11747

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: CAROLINE KOCHMAN

**EXECUTIVE DIRECTOR** 

03/10/2014