2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED

04 MAR 29 AM 11:45

SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # 168213

1. Entity Name
330-74TH ST CORP

REINSTATEMENT 03-04

Principal Place of Business	Mailing Address
330 74TH STREET APT. 10 MIAMI BEACH, FL 33141 US	330 74TH STREET APT. 9 & 10 MIAMI BEACH, FL 33141 US

X CHECK HERE IF MAKING CHANGES

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc. 101
City & State	City & State ROSLYN, NY
Zip / Country	Zip 11576 / Country US

4. FEI Number 59-0674048 ☐ 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
MARTIN, GLADYS 330 74 ST MIAMI BEACH, FL 33141 SECRETARY MITCHELL B MARTIN 5503 NW 52 AVE GAINSVILLE, FL 32653 352-332-7446	Name MITCHELL B MARTIN SECRETARY Street Address (P.O. Box Number is Not Acceptable) 5503 N.W 52 AVE City GAINSVILLE FL Zip Code 32653

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 X EXECUTRIX 1/30/04
Signature, type 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
Amended UBR is $61.25
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PS MARTIN, GLADYS 330 74 STREET MIAMI BEACH, FL	X Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition 600024026796 11/19/03--01008--016 **200.00
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PRESIDENT BARBARA LEHRER 1800 NORTHERN BLVD 101 ROSLYN, NY 11576	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition 600024026796 10/23/03--01006--007 **550.00
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition 600024026796 03/31/04--01019--010 **150.00
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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CR2E034 (10/02)

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: X BARBARA LEHRER EXECUTRIX 1/30/04 516-625-1897
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #