


FILED  
Sep 15, 2003 8:00 am  
Secretary of State

09-15-2003 90152 031 \*\*\*550.00

**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # 453396 1. Entity Name F&C REALTY INC	
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**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business 18-55 42ND STREET Suite, Apt. #, etc.	3. Mailing Address 18-55 42ND STREET Suite, Apt. #, etc.
City & State ASTORIA NY	City & State ASTORIA N.Y.
Zip 11105	Country

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-1609859	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

<b>DO NOT WRITE IN THIS SPACE</b>	7. Name and Address of Current Registered Agent Name MORGENTHAU RICHARD ATTY AT LAW
	Street Address (P.O. Box Number is Not Acceptable) 1550 NE MIAMI GARDENS DR. # 500 SKYLINE
	City N. MIAMI BCH

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

January 1 - May 1 Fee is \$150.00 After May 1, Fee is \$550.00 Amended UBR is \$61.25 Make Check Payable to Florida Department of State	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CARUNE FRANK 244 BOWERY ST NEW YORK NY	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	JACK BRUCCICERI 18-55 42 ST ASTORIA-NY 11105	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DO NOT WRITE IN THIS SPACE</b>
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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 on an attachment with an address, with all other information required.

SIGNATURE \_\_\_\_\_ 9/10/03  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR