

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

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

07-15-2003 90023 004 ***550.00

0118857 AT

DOCUMENT # 520921

1. Entity Name
CONGRESS FINANCIAL CORPORATION (FLORIDA)



Principal Place of Business
**1133 AVENUE OF THE AMERICAS
NEW YORK NY 10036**

Mailing Address
**1133 AVENUE OF THE AMERICAS
NEW YORK NY 10036**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **62-0994198**

Applied For
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

CHECK HERE IF MAKING CHANGES

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 \$550.00
After September 10, 2003 Fee will be \$750.00
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	V	<input checked="" type="checkbox"/> Delete
NAME	HARNICK, STEVEN	
STREET ADDRESS	777 BRICKELL AVENUE	
CITY-ST-ZIP	MIAMI FL	
TITLE	V	<input type="checkbox"/> Delete
NAME	LUCARELLI, MICHELE	
STREET ADDRESS	1133 AVE. OF THE AMERICAS	
CITY-ST-ZIP	NEW YORK NY	
TITLE	C	<input type="checkbox"/> Delete
NAME	DAVIS, WILLIAM R	
STREET ADDRESS	1133 AVE. OF THE AMERICAS	
CITY-ST-ZIP	NEW YORK NY 10036	
TITLE	V	<input type="checkbox"/> Delete
NAME	MACKIN, JIM	
STREET ADDRESS	1133 AVE. OF THE AMERICAS	
CITY-ST-ZIP	NEW YORK NY 10036	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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

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

JIM MACKIN **7/11/03** **(212) 545-4272**
Date Daytime Phone #

CR2E034 (4/03)