# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**
**Feb 01, 2001 8:00 am**
**Secretary of State**
02-01-2001 90128 005 ***150.00

C' 2137

DOCUMENT # 548118

1. Entity Name
BACTRIA CORP.

| Principal Place of Business | Mailing Address |
|---|---|
| C/O THE MERRIN GALLERY<br>724 FIFTH AVENUE. 3RD FLOOR<br>NEW YORK NY 10019<br>US | C/O THE MERRIN GALLERY<br>724 FIFTH AVENUE. 3RD FLOOR<br>NEW YORK NY 10019<br>US |

A00017797

DO NOT WRITE IN THIS SPACE

| 2. Principal Place of Business | | 3. Mailing Address | |
|---|---|---|---|
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | |
| City & State | | City & State | |
| Zip | Country | Zip | Country |

4. FEI Number 59-1787293 ☐ 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 |
|---|---|
| BIENENFELD, HARRIET<br>4101 PINETREE DRIVE<br>MIAMI BEACH FL 33140 | Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>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.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

**FILE NOW!!! FEE IS $150.00**
**After MAY 1, 2001 Fee will be $550.00**
**Make Check Payable to Department of State**

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

| 11. OFFICERS AND DIRECTORS | | | 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
|---|---|---|---|---|
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | S<br>DOLGIN, FLORENCE<br>SO EAST 89TH STREET<br>NEW YORK NY | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | SECRETARY & DIRECTOR<br>ESTHER BRONSTEIN<br>12 VERNON ROAD<br>SCARSDALE, NY 10583 ☑ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | P<br>MERRIN, VIVIAN<br>285 CENTRAL PARK WEST<br>NEW YORK NY | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | VPD<br>MERRIN, JEREMY<br>50 RIVERSIDE DR 12B<br>NEW YORK NY | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | TD<br>MERRIN, SAMUEL<br>340 WEST 57TH STREET<br>NEW YORK NY | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>MERRIN, SETH<br>155 WEST 70TH ST 12D<br>NEW YORK NY | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>BRONSTEIN, ESTHER<br>205 W. 89TH ST.-3H<br>NEW YORK NY | ☑ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Change ☐ Addition |

CR2E034 (10/00)

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** SAMUEL MERRIN, TREASURER 2/2 757-2884
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #