

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 852525

1. Entity Name

ZAR CORP. ✓

FILED
Mar 28, 2000 8:00 am
Secretary of State

03-28-2000 90079 038 ***150.00

Principal Place of Business

Mailing Address

411 W PUTNAM AVE
500 WEST PUTNAM AVE
GREENWICH CT 06820
US

C/O OMNI PARTNERSHIP SERVICES, INC
70 E. 55TH ST -6TH FLR
NEW YORK NY 10022-3222
US

2. Principal Place of Business

47½ Steamboat Road

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

1st Floor

City & State

Greenwich, CT

Zip

06830

Country

Zip

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number

13-3065239

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

THE PRENTICE-HALL CORPORATION SYSTEM, INC.
1201 HAYS STREET
SUITE 105
TALLAHASSEE FL 32301

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

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, 2000 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 VPS ☐ Delete
NAME CHAZANOFF, JAY
STREET ADDRESS 41 BENEDICT ROAD
CITY-ST-ZIP STATEN ISLAND NY

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE VPA ☐ Delete
NAME DAVIS, DANIEL
STREET ADDRESS 747 THRID AVENUE-10TH FLOOR
CITY-ST-ZIP NEW YORK NY 10017

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE VPA ☐ Delete
NAME ZISES JAY
STREET ADDRESS 477 MADISON AVE-14TH FLOOR
CITY-ST-ZIP NEW YORK NY 10022

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE VPA ☐ Delete
NAME ZISES, SELIG
STREET ADDRESS 477 MADISON AVE-14TH FLOOR
CITY-ST-ZIP NEW YORK NY 10022

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE VPAS ☐ Delete
NAME GOLDBERG, ARTHUR
STREET ADDRESS 375 PARK AVE., STE. 1606
CITY-ST-ZIP NEW YORK NY

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE PT ☐ Delete
NAME ADER RICHARD
STREET ADDRESS 1370 AVE OF THE AMERICAS
CITY-ST-ZIP NY NY

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

Day Chazanoff
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/00

Date

212-376-8907

Daytime Phone #

CR2E034 (9/99)