

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 24, 2001 8:00 am
Secretary of State

07-24-2001 90002 022 ***550.00

DOCUMENT # 852525

1. Entity Name
ZAR CORP.

Principal Place of Business
475 STEAMBOAT RD
1ST FLOOR
GREENWICH CT 06830
US

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

2. Principal Place of Business
350 BEDFORD STREET

3. Mailing Address

Suite, Apt. #, etc.
SUITE 370

Suite, Apt. #, etc.

City & State
STAMFORD, CT

City & State

Zip
06901

Country

Zip

Country

4. FEI Number **13-3065239**

Applied For

Not Applicable

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

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

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. ☐

FILE NOW!!! FEE IS \$550.00
After September 12, 2001 Fee will be \$750.00
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

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

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

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

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

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

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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

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: **X SIGNATURE REQUIRED JAY CHAZANOFF**

7/10/01

(212) 376-8907

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (5/01)