

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 852861

1. Entity Name

ASTORIA IMPORTS LTD. INC.

FILED
Jan 20, 2000 8:00 am
Secretary of State

01-20-2000 90230 029 ***150.00

Principal Place of Business

Mailing Address

**350 MORGAN AVE.
 BROOKLYN NY 11211**

**350 MORGAN AVE.
 BROOKLYN NY 11211-2716**

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

11-2206973

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

7. Name and Address of New Registered Agent

**SCNEIDER, SEYMOUR
 10092 CEDAR POINT BLVD
 UNIT 105
 BOYNTON BEACH FL 33437**

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 \$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: Delete
 NAME: **PD GROSS, NORMAN**
 STREET ADDRESS: **270-10 GRAND CENTRAL PARKWAY APT 28K**
 CITY-ST-ZIP: **FLORAL PARK NY**

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

TITLE: Delete
 NAME: **SD CROSS, MARTHA**
 STREET ADDRESS: **270-10 GRAND CENTRAL PARKWAY APT. 28K**
 CITY-ST-ZIP: **FLORAL PARK NY**

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

TITLE: Delete
 NAME:
 STREET ADDRESS:
 CITY-ST-ZIP:

TITLE: Change Addition
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TITLE: Delete
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 CITY-ST-ZIP:

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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Norm Gross Date: **1/12/2000** Daytime Phone #: **718-782-7701**

CR2E034 (9/99)