

# 2001 UNIFORM BUSINESS REPORT (UBR)

0017445 AF

DOCUMENT # **A07618**

1. Entity Name

**BRANTEX ASSOCIATES, LTD.**

Principal Place of Business  
% NEEDMORE CORPORATION  
654 MADISON AVE. SUITE 1801  
NEW YORK NY 10021

Mailing Address  
% NEEDMORE CORPORATION  
654 MADISON AVE. SUITE 1801  
NEW YORK NY 10021

**FILED**  
01 FEB 27 AM 9:36  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

*mf*



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **13-2996674**

Applied For  
Not Applicable

Zip

Country

Zip

Country

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

**PRENTICE-HALL CORPORATION SYSTEM, INC.**  
**1201 HAYS ST.**  
**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. Capital Contributions as Shown on record. **\$709,388.00**

10. Amount of Capital Contributions in FLORIDA to date.

11. MAKE CHECK PAYABLE TO DEPT. OF STATE  
SEE REVERSE SIDE FOR FEE INFORMATION

**A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.**  
**NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.**

12. GENERAL PARTNER INFORMATION

13. ADDRESS CHANGES ONLY

DOCUMENT # **843552**  
NAME **NEEDMORE CORPORATION**  
STREET ADDRESS **654 MADISON AVE. STE. 1801**  
CITY-ST-ZIP **NEW YORK NY**

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #  
NAME **LANDAU, RICHARD E.**  
STREET ADDRESS **10A COOPER ROAD**  
CITY-ST-ZIP **SCARSDALE NY**

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #  
NAME **WINSTON, LAWRENCE J.**  
STREET ADDRESS **30 TODD DRIVE**  
CITY-ST-ZIP **GLEN HEAD NY**

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #  
NAME **TURCHYN, WILLIAM JR.**  
STREET ADDRESS **530 EAST 76TH ST., #17H**  
CITY-ST-ZIP **NEW YORK NY**

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

STREET ADDRESS

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STREET ADDRESS

CITY-ST-ZIP

14. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE:

*Roseanne Motta*  
**Roseanne Motta**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER  
Vice President of Needmore Corporation

**2/23/01**  
Date

**212-751-6052**  
Daytime Phone #

CR2E003 (11/00)