

# 2002 UNIFORM BUSINESS REPORT (UBR)

000122 AI

DOCUMENT # **A07618**

1. Entity Name

**BRANTEX ASSOCIATES, LTD.**

**FILED**

**02 MAY -1 PM 1:10**

SECRETARY OF STATE  
TALLAHASSEE FLORIDA

**MJH**



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

2. Principal Place of Business

**610 NEEDMORE CORPORATION**

3. Mailing Address

**150 E. 57th Street**

Suite, Apt. #, etc.

**150 E. 57th Street Suite 16E**

Suite, Apt. #, etc.

**Suite 16E**

City & State

**New York N.Y.**

City & State

**New York NY**

Zip

Country

**10022 USA**

Zip

Country

**10022 USA**

**DUE BY MAY 1, 2002**

4. FEI Number

**13-2996674**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

**PRENTICE-HALL CORPORATION SYSTEM, INC.  
1201 HAYS ST.  
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.

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

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

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

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

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

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDRESS CHANGES ONLY

STREET ADDRESS

**150 E 57th Street Suite 16E**

CITY-ST-ZIP

**New York NY 10022**

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

**000005505800--2**  
**-05/13/02--01043--004**

STREET ADDRESS

CITY-ST-ZIP

**\*\*\*\*526.25 \*\*\*\*526.25**

STREET ADDRESS

CITY-ST-ZIP

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:

**Josephine Motta Vice President**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

**4/30/02**

Date

**212-751-6052**

Daytime Phone #

CR2E003 (9/01)