

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 19, 2002 8:00 am
Secretary of State

0000612 AV

DOCUMENT # F00000001399

1. Entity Name
ISLAND TRADING COMPANY OF NEW YORK, INC.

02-19-2002 90105 040 ***150.00

Principal Place of Business Mailing Address
4 COLUMBUS CIRCLE, FIFTH FLOOR **4 COLUMBUS CIRCLE, FIFTH FLOOR**
NEW YORK NY 10019 **NEW YORK NY 10019**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 3. Mailing Address
601 WEST 26th ST *601 WEST 26th ST*
 Suite, Apt. #, etc. Suite, Apt. #, etc.
11th Fl *11th Fl*

City & State City & State
NEW YORK, NY *NEW YORK, NY*
 Zip Zip
10001 *10001*

4. FEI Number Applied For
13-3170327 Not Applicable
 5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2525

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 _____ (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, 2002 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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	V HART, SUSAN (WENDY) 133 OCEAN DRIVE, FOURTH FLOOR MIAMI BEACH FL 33139	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S CRUJEIRAS, DOREEN 4 COLUMBUS CIRCLE, FIFTH FLOOR NEW YORK NY 10019	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T FRIEDMAN, MEG 4 COLUMBUS CIRCLE, FIFTH FLOOR NEW YORK NY 10019	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	V HART, SUSAN (WENDY) 133 OCEAN DRIVE 4th FL MIAMI BEACH, FL 33139	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T FRIEDMAN, MEG 601 WEST 26th ST 11th Fl NEW YORK, NY 10001	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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: *Meg Friedman* **REQUIRED** Date: *1/23/02* Daytime Phone # _____

CR2E034 (9/01)