

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 31, 2003 8:00 am**  
**Secretary of State**

01-31-2003 90126 029 \*\*\*150.00

**DOCUMENT # F00000003548**

1. Entity Name  
**JONATHAN DREW INC.**



Principal Place of Business  
**68 JAY STREET  
SUITE 512-A  
BROOKLYN NY 11201**

Mailing Address  
**68 JAY STREET  
SUITE 512-A  
BROOKLYN NY 11201**



2. Principal Place of Business

**24 Commerce Street**

3. Mailing Address

**24 Commerce Street**

Suite, Apt. #, etc.

**Suite 606**

Suite, Apt. #, etc.

**Suite 606**

☐ CHECK HERE IF MAKING CHANGES

City & State  
**Newark NJ**

City & State  
**Newark NJ**

4. FEI Number  
**13-3867883**

Applied For  
☐ Not Applicable

Zip  
**07102**

Country  
**USA**

Zip  
**07102**

Country  
**USA**

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

6. Name and Address of Current Registered Agent

**HYATT, MICHAEL  
12962 S.W. 132ND AVENUE  
MIAMI FL 33186**

7. Name and Address of New Registered Agent

Name  
**Samel, Marvin**

Street Address (P.O. Box Number is Not Acceptable)

**12962 S.W. 132nd Ave**

City  
**Miami**

**FL**

Zip Code  
**33186**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**1/18/03**

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2003 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE  
**V** ☐ Delete  
NAME  
**SAMEL, MARVIN**  
STREET ADDRESS  
**26 W. 88TH, APT. 1B**  
CITY-ST-ZIP  
**NEW YORK NY 10024**

TITLE  
**P** ☐ Delete  
NAME  
**SANN, JONATHAN**  
STREET ADDRESS  
**28 W. 88TH, APT. 3B**  
CITY-ST-ZIP  
**NEW YORK NY 10024**

TITLE  
☐ Delete  
NAME  
  
STREET ADDRESS  
  
CITY-ST-ZIP

TITLE  
☐ Delete  
NAME  
  
STREET ADDRESS  
  
CITY-ST-ZIP

TITLE  
☐ Delete  
NAME  
  
STREET ADDRESS  
  
CITY-ST-ZIP

TITLE  
☐ Delete  
NAME  
  
STREET ADDRESS  
  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
**V** ☒ Change ☐ Addition  
NAME  
**SAMEL, MARVIN**  
STREET ADDRESS  
**4779 Collins Avenue #2107**  
CITY-ST-ZIP  
**Miami Beach, FL 33140**

TITLE  
**P** ☒ Change ☐ Addition  
NAME  
**Sann, Jonathan**  
STREET ADDRESS  
**4779 Collins Avenue #2107**  
CITY-ST-ZIP  
**Miami Beach, FL 33140**

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

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

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

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

12. 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 10 or Block 11 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

Date

Daytime Phone #

**1/28/03**

CR2E034 (10/02)