

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 10, 2001 8:00 am
Secretary of State

05-10-2001 90134 031 ***150.00

DOCUMENT # F00000006592

1. Entity Name

485 FRONT CORP.

Principal Place of Business

**430 PARK AVE
 17TH FLOOR
 NEW YORK NY 10022**

Mailing Address

**430 PARK AVE
 17TH FLOOR
 NEW YORK NY 10022**

2. Principal Place of Business

825 Third Avenue

Suite, Apt. #, etc.

12th Floor - Att: Jeffrey G. Gurren

City & State

New York, N.Y.

Zip

10022

Country

3. Mailing Address

Same

Suite, Apt. #, etc.

City & State

Same

Zip

Same

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number

APPLIED FOR

Applied For

☒ Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**NATIONAL CORPORATE RESEARCH LTD INC
 1406 HAYS ST
 SUITE 2
 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.

(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. (See criteria on back) ☐

**FILE NOW!!! FEE IS \$150.00
 After MAY 1, 2001 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: **CPT** ☐ Delete
 NAME: **GURREN, JEFFREY G**
 STREET ADDRESS: **430 PARK AVE 17TH FLOOR**
 CITY-ST-ZIP: **NEW YORK NY 10022**

TITLE: **VP** ☐ Delete
 NAME: **GURREN, LES**
 STREET ADDRESS: **350 5TH AVE SUITE 6204**
 CITY-ST-ZIP: **NEW YORK NY 10118**

TITLE: **D.** ☐ Delete
 NAME: **GURREN, GISELLA**
 STREET ADDRESS: **2600 S OCEAN BLVD 105N**
 CITY-ST-ZIP: **PALM BEACH FL 33480**

TITLE: **S** ☐ Delete
 NAME: **PETTIT, KIMBERLY**
 STREET ADDRESS: **430 PARK AVE 17TH FLOOR**
 CITY-ST-ZIP: **NEW YORK NY 10022**

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

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE: **Same** ☒ Change ☐ Addition
 NAME: **Same**
 STREET ADDRESS: **825 Third Ave - 12th Floor**
 CITY-ST-ZIP: **New York, NY 10022**

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

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

TITLE: **Same** ☒ Change ☐ Addition
 NAME: **Same**
 STREET ADDRESS: **825 Third Avenue - 12th Floor**
 CITY-ST-ZIP: **New York, N.Y. 10022**

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

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

Jeffrey G. Gurren

4/30/01

Date

212-758-0050

Daytime Phone #

CR2E034 (10/00)