## **2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)**

## **DOCUMENT #** F00000006592 1. Entity Name

485 FRONT CORP.



**FILED** Apr 02, 2003 8:00 am Secretary of State

04-02-2003 90097 043 \*\*\*150.00

					No. of the last of			
Principal Place of Business 825 THIRD AVENUE 12TH FLOOR ATTN: JEFFREY G. GURREN NEW YORK NY 10022		825 T 12TH	Mailing Address 825 THIRD AVENUE 12TH FLOOR ATTN: JEFFREY G. GURREN NEW YORK NY 10022					
2. Principal Place of Business		3. Mai	3. Mailing Address				105100 1111 BB111 2011) BB111 08111 B0111 B0111 00110 01101 B3110 10114 1101 1101	
Suite, Apt. #, etc.		Suit	Suite, Apt. #, etc.				☐ CHECK HERE IF MAKING CHANGES	
City & State		City & State				4. 1	NOT APPLICABLE  Applied For Not Applicable	
Zip	Country	Country Zip C		Countr	Country 5.		Certificate of Status Desired	
	6. Name and Address of Curren	t Registere	ed Agent			7.	Name and Address of New Registered Agent	
NATIONAL CORPORATE RESEARCH,LTD., INC. 103 N. MERIDIAN STREET					Street Address (P.O. Box Number is Not Acceptable)			
TALLAHAS	SEE FL 32301-0000				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. 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								
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 \$5.00 May Be Trust Fund Contribution.   Added to Fees	
10.	OFFICERS AND	DIRECTO	RS	11.		AD	DDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
	CPT Gurren, Jeffrey G 825 Third Avenue-12Th Floo New York NY 10022	R	☐ Delete	TITLE NAME STREET CITY-S	T ADDRESS		☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VV GURREN, LES 350 5TH AVE SUITE 6204 NEW YORK NY 10118		☐ Delete	TITLE NAME STREET CITY-S	T ADDRESS		☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GURREN, GISELLA 2600 S OCEAN BLVD 105N PALM BEACH FL 33480	20 3	Delete	NAME	T ADDRESS			
STREET ADDRESS	S PETTIT, KIMBERLY 825 THIRD AVENUE-12TH FLOO NEW YORK NY 10022	R	☐ Delete	TITLE NAME STREET CITY-S	T ADDRESS		☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			, Delete	TITLE NAME STREET CITY-S	T ADDRESS		☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			Delete	TITLE	T ADDRESS		☐ Change ☐ Addition	

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: