

9/6/01-90011-024

FILED
Sep 19, 2001 8:00 am
Secretary of State

09-06-2001 90011 024 ***550.00

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F00000007231

1. Entity Name
FRESCO GROUP NEW YORK, INC.

Principal Place of Business Mailing Address

ATTN: LAURA GALLO **ATTN: LAURA GALLO**
8182 N.W. 31ST STREET **8182 N.W. 31ST STREET**
MIAMI FL 33122 **MIAMI FL 33122**

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

6. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
1201 MAYS STREET
TALLAHASSEE FL 32301-2525

4. FEI Number Applied For
 Not Applicable

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

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-electing.)

9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so.

FILE NOW!!! FEE IS \$550.00
After September 12, 2001 Fee will be \$750.00
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		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PCD ESCOBAR, FRANCISCO 8182 N.W. 31ST STREET MIAMI FL 33122 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V ESCOBAR, CAROLINA 8182 N.W. 31ST STREET MIAMI FL 33122 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S SCHATZ, LARRY H 152 WEST 57TH STREET, 31ST FLOOR NEW YOR NY 10019 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 record holder and am duly empowered to execute this report as required by Chapter 507, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment to this address, with all other title empowered.

SIGNATURE: *Francisco Escobar* **REQUIRED** **FRANCISCO ESCOBAR** **08/31/01** **(305) 592-7284**
Signature and typed or printed name of signing officer or director Date Daytime Phone #



DO NOT WRITE IN THIS SPACE

CREOS (501)