

FILED
Mar 31, 2002 8:00 am
Secretary of State

02-20-2002 90164 050 ***150.00

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F01000000472
 Entity Name
HERBERT V. FRIEDMAN INCORPORATED

Principal Place of Business Mailing Address
19 NORTH PARK AVE **119 NORTH PARK AVE**
ROCKVILLE CENTRE NY 11570 **ROCKVILLE CENTRE NY 11570**

Principal Place of Business 3. Mailing Address
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

4. FEI Number Applied For
11-2127514 Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33024

Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** Zip Code

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 **Kenneth L. Friedman, President** **02/05/2002**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

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, 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**

OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

FILE NAME	STREET ADDRESS	CITY-ST-ZIP	DELETE	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	CHANGE	ADDITION
C	FRIEDMAN, HERBERT V	119 NORTH PARK AVE	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
	ROCKVILLE CENTRE NY 11570								
DP	FRIEDMAN, KENNETH L	119 NORTH PARK AVE	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
	ROCKVILLE CENTRE NY 11570								
DS	FRIEDMAN, MARION R	119 NORTH PARK AVE	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
	ROCKVILLE CENTRE NY 11570								
			<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>

3. 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: **SIGNATURE REQUIRED** **3/11/02**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 516-764-0050

CFR2034 (9/01)