

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 26, 2002 8:00 am**  
**Secretary of State**

03-26-2002 90088 003 \*\*\*150.00

**DOCUMENT # F01000003456**

1. Entity Name

**WILLIAMS & SONS REALTY OF 29TH STREET, INC.**

Principal Place of Business

**137 EAST 29TH STREET  
 NEW YORK NY 10016**

Mailing Address

**137 EAST 29TH STREET  
 NEW YORK NY 10016**

2. Principal Place of Business

**293 BRYANT AVENUE  
 Suite, Apt. #, etc.**

3. Mailing Address

**293 BRYANT AVENUE  
 Suite, Apt. #, etc.**

City & State

**WHITE PLAINS, NY**

City & State

**WHITE PLAINS, NY**

Zip

**10605**

Country

**Westchester**

Zip

**10605**

Country

**Westchester**

4. FEI Number

**13-3755887**

**APPLIED FOR**

Applied For

Not Applicable

5. Certificate of Status Desired

☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**STEIN, CLIFFORD M ESQ.  
 5345 PINETREE DRIVE  
 MIAMI BEACH FL 33140**

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

**3/11/2002**

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, 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**

11. OFFICERS AND DIRECTORS

TITLE	CDPS	<input checked="" type="checkbox"/> Delete
NAME	FAKHIR, GEORGE	
STREET ADDRESS	137 EAST 29TH STREET	
CITY-ST-ZIP	NEW YORK NY 10016	
TITLE	Fakhir, George	<input type="checkbox"/> Delete
NAME	7 Audrey Lane	
STREET ADDRESS	White Plains, New York, 10605	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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:

**SIGNATURE OF OFFICER OR DIRECTOR: GEORGE FAKHIR**

Date

Daytime Phone #

**3/11/2002**

CR2E034 (9/01)