

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 18, 2003 8:00 am
Secretary of State

0118630 AT

DOCUMENT # F02000001333

1. Entity Name
ANNABELLE MANAGEMENT CORP.



Principal Place of Business
90 VIA MIZNER WORTH AVE.
PALM BEACH FL 33480

Mailing Address
1070 MADISON AVE.
NEW YORK NY 10028

2. Principal Place of Business

3. Mailing Address

5 EAST 57TH ST

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Floor 19

City & State

City & State

NEW YORK NY

Zip

Country

Zip

Country

10022

USA

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number 13-4140453

Applied For

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

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2525

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. 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 \$550.00
After September 10, 2003 Fee will be \$750.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing ☐ **\$5.00 May Be Added to Fees**
Trust Fund Contribution.

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PD** ☐ Delete
NAME **PRISSERT, THIERRY**
STREET ADDRESS **5200 NORTH OCEAN DRIVE, #1405**
CITY-ST-ZIP **SINGER ISLAND FL 33404-2617**

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

TITLE **VD** ☐ Delete
NAME **PRISSERT, MAURICE**
STREET ADDRESS **5200 NORTH OCEAN DRIVE, #1405**
CITY-ST-ZIP **SINGER ISLAND FL 33404-2617**

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

TITLE **TD** ☐ Delete
NAME **PRISSERT, CLAUDE**
STREET ADDRESS **5200 NORTH OCEAN DRIVE, #1405**
CITY-ST-ZIP **SINGER ISLAND FL 33404-2617**

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

TITLE **S** ☐ Delete
NAME **WALSH, JANE ESQ.**
STREET ADDRESS **800 MADISON AVE.**
CITY-ST-ZIP **NEW YORK NY 10022**

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

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:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8.15.03

212 546 9720

Date

Daytime Phone #

CR2E034 (4/03)