

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 14, 2002 8:00 am
Secretary of State
 02-14-2002 90079 012 ***150.00

AT

DOCUMENT # F93000002281

1. Entity Name
MOSHE SAFDIE AND ASSOCIATES, INC.

Principal Place of Business

**100 PROPERZI WAY
 SOMERVILLE MA 02143**

Mailing Address

**100 PROPERZI WAY
 SOMERVILLE MA 02143**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number
04-2647253

Applied For

Not Applicable

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

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**THE PRENTICE-HALL CORPORATION SYSTEM, INC.
 1201 HYAS STREET
 SUITE 105
 TALLAHASSEE FL 32301**

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

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 ☐ **\$5.00 May Be Added to Fees**
 Trust Fund Contribution.

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete
NAME **PTCD**
STREET ADDRESS **SAFDIE, MOSHE**
CITY-ST-ZIP **7 WATERHOUSE STREET**
CAMBRIDGE MA 02138

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

TITLE ☐ Delete
NAME **S**
STREET ADDRESS **TRUSLOW, WILLIAM A**
CITY-ST-ZIP **4 HAWTHORN STREET**
CAMBRIDGE MA 02138

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

TITLE ☐ Delete
NAME **V**
STREET ADDRESS **FRANCO, ISAAC**
CITY-ST-ZIP **112 HYDE STREET**
NEWTON MA 02161

☒ Change ☐ Addition
TITLE **V**
NAME **Franco, Isaac**
STREET ADDRESS **16 Carver Street**
CITY-ST-ZIP **Cambridge, MA 02138**

TITLE ☐ Delete
NAME **V**
STREET ADDRESS **MATHISON, WARREN**
CITY-ST-ZIP **225 WALDEN STREET**
CAMBRIDGE MA 02140

☒ Change ☐ Addition
TITLE **V**
NAME **Mathison, Warren**
STREET ADDRESS **175 Beacon Street, #409**
CITY-ST-ZIP **Somerville, MA 02143**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition
TITLE
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 another like empowered.

SIGNATURE:

[Handwritten Signature]
REQUIRED
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/7/01
 Date

617.329.2100
 Daytime Phone #

CR2E034 (9/01)