

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F93000002870

1. Entity Name

MABRIZ CORP.

Principal Place of Business

% JOSEPH AND KOPPEL
60 EAST 42ND STREET, SUITE 1115
NEW YORK NY 10165

Mailing Address

% JOSEPH AND KOPPEL
60 EAST 42ND STREET, SUITE 1115
NEW YORK NY 10165

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 13-3587651

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

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

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, 2001 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME DCP
STREET ADDRESS DEKORGLAY, THIBAUT
CITY-ST-ZIP 60 EAST 42ND STREET, SUITE 1115
NEW YORK NY ☒ Delete

TITLE NAME DCP
STREET ADDRESS DEKORGLAY, THIBAUT
CITY-ST-ZIP 60 EAST 42ND STREET, SUITE 1115
NEW YORK NY 10165 ☐ Change ☒ Addition

TITLE NAME DV
STREET ADDRESS GAINZA, DANIEL
CITY-ST-ZIP 60 EAST 42ND STREET, SUITE 1115
NEW YORK NY 10165-0095 ☒ Delete

TITLE NAME DV
STREET ADDRESS BOULAIRE, MICHEL
CITY-ST-ZIP 60 EAST 42ND STREET, SUITE 1115
NEW YORK NY 10165 ☐ Change ☒ Addition

TITLE NAME DS
STREET ADDRESS KESSLER, BARRY
CITY-ST-ZIP 60 EAST 42ND STREET, SUITE 1115
NEW YORK NY 10165-0095 ☐ Delete

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

TITLE NAME AS
STREET ADDRESS KOPPEL, RICHARD
CITY-ST-ZIP 60 EAST 42ND STREET, SUITE 1115
NEW YORK NY 10165-0095 ☐ Delete

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

TITLE NAME DT
STREET ADDRESS SURVILLE, HUBERT
CITY-ST-ZIP 60 EAST 42 ST, STE 1115
NEW YORK NY 10165 ☐ Delete

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

TITLE NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

BARRY KESSLER, SECRETARY

4/20/01 2126871466

Date Daytime Phone #

00049470



DO NOT WRITE IN THIS SPACE

CR2E034 (10/00)