

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 15, 2003 8:00 am
Secretary of State

04-15-2003 90088 032 ***150.00

DOCUMENT # F93000004401

1. Entity Name
JOSEPH SASSON REALTY, INC.



Principal Place of Business
6740-6769 PEMBROKE RD.
HOLLYWOOD FL 33023

Mailing Address
210 MEADOWLANDS PKWY.
SECAUCUS NJ 07094

2. Principal Place of Business

3. Mailing Address

PO BOX 2074

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State
SECAUCUS NJ

Zip

Country

Zip
07094

Country
USA

4. FEI Number 13-3693351

Applied For
Not Applicable

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

☒ **CHECK HERE IF MAKING CHANGES**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

FRIEDLANDER & ASSOCIATES, PA
ONE SE THIRD AVENUE, SUITE 1101
MIAMI FL 33131

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 \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PTS
KLANSKY, JEFFREY A
211 HARBOR VIEW NO.
LAWRENCE NY 11559

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PTSD
KLANSKY, JEFFREY A
60 LEWIS AVE
ATLANTIC BEACH, NY 11504

☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VD
KLANSKY, SCOTT
155 SPLIT ROCK ROAD
SYOSSET, NY 11791

☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

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CITY-ST-ZIP

☐ Change ☐ Addition

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

3/15/03

201-617-0101

Date

Daytime Phone #

CR2E034 (10/02)