

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F93000004533

1. Entity Name

EHRENKRANTZ KING NUSSBAUM, INC.

FILED
Feb 02, 2001 8:00 am
Secretary of State

02-02-2001 90308 023 ***150.00

Principal Place of Business

598 MADISON AVENUE
14TH FLR
NEW YORK NY 10022
US

Mailing Address

598 MADISON AVENUE
14TH FLR
NEW YORK NY 10022
US

2. Principal Place of Business

595 MADISON AVE
Suite, Apt. #, etc.
38 FLOOR

3. Mailing Address

595 MADISON AVE
Suite, Apt. #, etc.
38 FLOOR

City & State

NEW YORK NY

City & State

NEW YORK NY

Zip

10022

Country

US

Zip

10022

Country

US

4. FEI Number

13-3335342

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

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

HENRY, THOMAS C
1489 W PALMETTO PARK RD
SUITE 450
BOCA RATON FL 33486

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
STREET ADDRESS
CITY-ST-ZIP
PSTC
KING, JOAN
598 MADISON AVENUE
NEW YORK NY ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
595 MADISON AVENUE 38 FL ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
NUSSBAUM, IRWIN
598 MADISON AVENUE
NEW YORK NY ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
595 MADISON AVENUE 38 FL ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
CFO
TROTTE, FRANCIS M
598 MADISON AVENUE
NEW YORK NY ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
598 MADISON AVENUE 38 FL ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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

TITLE
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STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
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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

Date

Daytime Phone #

Joan King JOAN KING

1/10/2001

212 508-4700

CR2E034 (10/00)